

OFFICE POLICIES

There are two types of health insurance that will help pay for eye care services and products. Many vision and medical insurances are accepted here at Eagle Eye Care. If you have vision and medical insurance plans it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expense.

Vision plans are primarily for routine eye exams and materials. A routine eye exam is for eyeglasses and for patients who have no medical eye problems or known health issues. Contact lens fittings and evaluations must be completed to receive a prescription for contacts.

If a patient presents any preexisting medical conditions or ocular problems, such as conjunctivitis, glaucoma, cataracts, diabetes, or dry eye, the exam will be billed to the medical insurance. These appointments are for the diagnosis, management or treatment of ocular/health problems. Office visits solely for the purpose of a medical concern will also be billed to the medical insurance, not your vision plan. Additional testing performed by the doctor due to specific medical concerns will be billed to your medical insurance.

I certify that if I have insurance coverage, I assign directly to Eagle Eye Care all insurance benefits, if any, otherwise payable to me, for the services rendered. I understand that my insurance policy is an agreement that I have with my insurance company and not with my doctor. I am responsible for knowing what my insurance company will and will not pay for during the visit. I agree to be 100% financially responsible if my insurance refuses payment for any reason. If I have no insurance on file, I agree to be 100% responsible for any charges. If I am notified of a balance on my account, I agree to pay that balance within 30 days or a \$30 late fee will be assessed. Delinquent accounts after 60 days will go to a collection agency and continue to accrue a monthly \$30 late fee.

I authorize the use of my signature on all insurance submissions. The office may use my health care information and may disclose such information to the insurance company and their agents for the purpose of obtaining payment for services and determining insurance benefits payable for related services.

NO SHOW/CANCELLATION POLICY

For each violation of the “no show” policy:

- On your first “no show” per year, you will be charged \$25.
- On the second or more “no show” per year, you will be charged \$50 for your failure to comply.

The definition of a “no show” is as follows:

- For a comprehensive exam, failure to provide at least 24 hours advanced notice.
- For an office visit or follow up visit, failure to reschedule at least 4 hours prior to the appointment.
- Any person that shows up more than 10 minutes late for their appointment time will be considered a “no show”.

When one person is late, it affects everyone after that appointment. We know your time is valuable and we do everything possible to stay on schedule. We appreciate the same respect of your office’s time. Thank you.

Signature

Date