

# FIRESIDE EYE CARE, P.C.

## PAYMENT POLICY

OUR PAYMENT POLICY IS DESIGNED TO HOLD DOWN COSTS WITHOUT SACRIFICING THE QUALITY OF THE CARE WE PROVIDE. PLEASE READ THIS POLICY CAREFULLY. IF YOU HAVE ANY CONCERNS OR QUESTIONS, WE WILL BE HAPPY TO DISCUSS THEM WITH YOU.

1. **Payment is expected at the time services are received** unless specific, individual payment arrangements are made in advance. A deposit of 50% is required prior to ordering materials made to your prescription. The balance is due when you pick them up.
2. For persons desiring credit options, we honor Visa, Mastercard and Discover for your convenience. We also offer interest free financing (if approved) with Care Credit.
3. Account balances older than 90 days are considered delinquent and will be subject to legal collection procedures. If your account becomes delinquent, you will be required to pay all reasonable attorney and collection fees incurred in the collection of your account. Accounts which have been referred for collection will not be granted payment options in the future.
4. A monthly service charge of 1.5% will be added to the unpaid balance of your account after 60 days.
5. A service charge of \$30 will be levied for any check returned because of insufficient funds or closed account. The check amount plus the service fee must be paid in cash or cashiers check within three days of notification. Failure to comply will result in immediate legal action.
6. **You are responsible for knowing your insurance benefits, co-pays, and deductibles.** As a courtesy, we will bill your insurance company and/or vision care plan. Some insurers pay you directly. We then require that you pay your account and you will be reimbursed by your insurance carrier. Delayed payment by your insurance is NOT a valid reason for delayed payment to us.
7. You will be charged a \$25.00 no-show fee if you do not call to cancel or reschedule your appointment.

### **About Your Insurance**

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
2. Medical insurance (such as Blue Cross/Blue Shield and Medicare).
  - **Vision care plans** only cover routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
  - **Medical insurance** must be used if you have any eye health problem or systemic health problem that has ocular complications. The doctor will determine if these conditions apply to you, but some are determined by your case history.
  - If you have both types of insurance plans, it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
  - We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract.

I have read and agree with these policies.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date