



Financial Policy Version VI

Payment for the patient's portion of professional services and optical goods are due at the time of service.

Payment may be made by cash or credit card at the time of service.

Payment for services and/or goods is the responsibility of the patient, regardless of insurance coverage.

Insurance will never guarantee the benefits quoted and therefore our office can never guarantee total out-of-pocket costs you may owe. We do our best to inform our patients on what to expect from their insurance. However, insurance is extremely complicated, and it is the patient's responsibility to ensure they understand their insurance coverage and know what expenses they may incur. At the time of your appointment, it is your responsibility to provide current, accurate insurance information, along with a copy of your insurance card(s) to our staff. As a courtesy, we will file this claim on your behalf.

Returned Checks: Payment by check is only allowed for bills that are mailed to a patient, cash or credit is required for in-office payment. There is a fee of \$40 for any checks returned by the bank for any reason. Please ensure funds are available if a check is written. If a returned check is ever received by our office, then we reserve the right to refuse future payments in the form of a check by the patient and/or anyone on the account or in the family/household.

Monthly Statements: After insurance has processed your claim and there is a remaining balance on your account, our office will send you a notification of the balance. By law, your insurance payer must also provide you with an explanation of payment showing how the claim was processed against your benefits. The correspondence from your insurance payer typically comes via mail or through a secure, member website portal. If there is a balance that becomes due after insurance processes your claim, we will notify you of this balance via mail at the address you provided or via text messaging at the phone number you provided. The length of time it takes to be notified of your balance varies depending on your insurance company and the amount of time it takes for them to process the claim.

Past Due Accounts: It is expected the account will be paid in full within 30 days of the statement/invoice date. If payment is not received within thirty (30) days, we will send out one additional statement and attempt to contact you at the phone number on file. Sixty (60) days from the initial statement notice, if there is a remaining balance on the account, then a one-time \$50 collection fee or 40% of the balance (whichever is greater) will be added to your statement. Your account will be referred to a collection agency who will assist in collecting this delinquent amount. If the collection proceedings end up in court, the patient is liable for all expenses incurred for court costs, attorney fees, etc, up to the limits outlined by local and state laws and regulations. All proceedings shall be held in Pinal County, in the state of Arizona.

Patient Credits: If insurance pays more than expected, and a patient credit is created on your account after insurance has processed the claim, any refund over \$50 will be issued to the credit card that was used for the initial payment. If a refund amount is less than \$50, this amount will remain on your account to be used on future services for yourself or a family member. If at any time you wish this credit be issued, please notify the office after insurance processes the claim and we will refund this amount.

Medical versus Routine Eye Health Care and physician referrals: Insurance will never dictate care. Our providers will always treat your overall eye health. This is driven by your concerns/complaints, history, and symptoms. Findings and treatment plans will be communicated by the provider. If you have any medical diagnoses for which you receive evaluation (cataracts, dry eyes, glaucoma, diabetes, headaches, etc) we are required by insurance regulations to file the visit with your medical insurance as primary. If a routine refraction (test for best glasses or contact prescription) was also performed during the same visit as the medical exam, we will coordinate this claim for you to the vision payer, if applicable or collect the out-of-pocket fee at the time of service.