ADVANCED EYECARE
A MEMBER OF Vision Source

HILLSBOROUGH
EDGEWATER
CARTERET

FINANCIAL POLICY

Thank you for choosing our Advanced Eyecare family. We welcome you as a patient and look forward to helping you protect your vision for life.

For the insurance plans we participate in, our office will electronically file your insurance claim for you and agree to have your insurance pay us directly. This is a courtesy we offer to our patients. However, you must understand that if your insurance does not pay for services or materials you have received, you agree to the following:

- All professional fees, including exam and any additional testing are non-refundable. All optical purchases are also non- refundable, as they are prescriptions made specifically to each individual patient.
- You are liable for all services and appointments received. Appointments missed without adequate advance notice (24 business hours preceding your appointment) are subject to a $95 cancellation fee.
- Unless you are paying in full on the day of service, you agree to provide us with your current insurance information at the time of scheduling or at least 48 business hours preceding your appointment with us.
- All co-payments, co-insurance, deductibles or non-covered service(s) are due at time of service.
- For the insurance plans we participate in, you will receive an explanation of benefits (EOB) from your insurance carrier. It simply explains your benefits, services covered, your responsibility and payments made on your behalf. In some cases there may be a remaining balance on your account. You will be responsible for the remaining balance or any non-covered service(s).
- We will notify you of your remaining balance, if you fail to remit, you will incur a $15 service fee each time we attempt to collect from you. If no payment is made within 90 days, we will forward your case to a collection agency. To avoid this service fee, payment must be received by the due date.
- Your employer chooses among a multitude of plan options, with benefits that change frequently. These large variations in coverage make it impossible for us to know the details and restrictions of every plan. We therefore contact your insurance company for clarification of your specific benefits. However, they will not guarantee payment, and can often provide us with inaccurate information. We can only share with you what they tell us, with the understanding that we will not know the full outcome of your claim until they send the EOB to us.
- If you are concerned about your coverage, it is essential that you know what is covered by your insurance plan by contacting your insurance company directly.
- Our office is always happy to serve you. If you need a written referral from your primary care physician, please have it available at time of service (TOS). If you do not have the insurance referral in-hand, we require payment in-full at TOS. Our staff will then provide you with a receipt you can submit for reimbursement; however, without required referrals, they may not reimburse you.
- In those infrequent situations where the insurance company has stated inconsistencies with the benefit plan either due to (but not limited to) benefit type, coverage termination or coordination of benefits, you must take an active role in the recovery and remittance of the claim. After 60 days of non-payment, we will send you a bill for payment due to us. We will keep your credit card #_____ (MC or Visa) and expiration date: _____ CVV code: _____ to utilize should this situation arise.

Patient / Guarantor Signature:	Signature:	Date: