



Financial Policy

Thank you for choosing See NC Eyecare as your eye care provider. We are committed to providing superior patient care. The following is a statement of our Financial Policy.

FULL PAYMENT OF PATIENT OBLIGATIONS IS DUE AT THE TIME OF SERVICE

WE ACCEPT: Cash, Checks, Visa, and Mastercard

Regarding Insurance

Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. In the event that we do accept assignment of benefits please be aware that some, and perhaps all of the services provided may be non-covered services under your plan and you will be 100% responsible for these charges. It is your responsibility to:

- Ensure our providers actively participate with your insurance carrier.
- Know your benefit coverage, as well as your dependents prior to receiving services.

Regarding Insurance Plans where we are participating provider, all co-pays are the responsibility of the patient and co-pays are due at the time services are rendered. Deductibles are the sole responsibility of the patient. In the event that your insurance coverage relates to a plan where we are not a participating provider, you will be 100% responsible for all charges incurred.

To summarize, your financial responsibility pertains to:

- Denied and Non-covered services
- Services deemed not medically necessary by your insurance company
- Co-payments, deductibles, co-insurance
- Pending claims due to lack of patient and/or guarantor information
- Non-insurance and/or out-of-network benefits
- If you fail to receive an Explanation of Benefits (EOB or EOP) from your plan within 45 days of treatment, we suggest you contact your insurance plan to determine benefits, as they may not have made payment. Payment not received in 60 days may be transitioned to patient responsibility and you may be required to make other payment arrangements.

Eyeglasses and contact lenses must be paid for in full before they are picked up.

During the course of the eye exam, the doctor may diagnose a medical condition which requires additional testing. If so, your insurance will be billed first. Any test the insurance does not pay for will be your responsibility.

Collections

Any past due balance not paid will be turned over to a collection agency after 90 days.

Thank you for understanding our **Financial Policy**. Please let us know if you have any questions. I have read and agree to this **Financial Policy**:

Print Patient Name

X _____
Signature of Patient or Responsible Party

Date