



Financial Policy

Our office participates with most major insurance plans. **If you have a managed care plan that requires a referral to see a specialist, you *must* obtain a referral in order for your visit in our office to be covered under your medical insurance.** If you do not have a valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination.

**The refractive portion of your exam is *not* a covered service by most insurance companies (including Medicare). The fee for this service is \$30.00 which is payable at the time of the visit.**

**It is the patient/parent/guardian's responsibility to:**

- Be familiar with the benefits of your plan; including co-pays, co-insurance, and deductibles.
- Bring all of your current insurance cards to *all* visits.
- Provide our office with current information; including address, phone numbers, driver's license or ID, and employer.
- Be prepared, in accordance with your insurance contract, to pay your co-payment at the time of the visit. If you *do not* make your co-payment at the time of your visit, you will be charged an additional **\$20.00 billing fee**. We accept cash, checks, and all major credit cards for services.

For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the patient or guardian with whom the child resides, for payment. In case of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth, and social security number. We request that you inform the subscriber that their insurance has been used.

Ophthalmic and Optometric services are provided for **medical care** (eye disease or injury) as well as **vision care** (difficulty seeing the eye chart, blurred vision, myopia, hyperopia, and/or astigmatism). Your plan may only cover medical care and **may not include vision care**. A recommendation from your primary care physician, pediatrician, and/or school nurse to see a Microsurgical Eye Consultant provider *does not* guarantee payment by your insurance plan. Benefits for services are based upon your individual insurance coverage.

**BE ADVISED THAT A DIAGNOSIS WILL NOT BE MODIFIED TO FIT YOUR PLAN BENEFITS.**

I have read and understood the above financial policy.

\_\_\_\_\_  
*Signature of patient/parent/guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of patient*

\_\_\_\_\_  
*Date*