

PALMER EYECARE CENTER

Office and Financial Policies and Insurance Authorization

Thank you for trusting the Palmer Eyecare Center to safeguard your vision. Now in our 78th Year!

We are committed to providing you the highest quality eye care available.

Part of our responsibility to patients is to keep them informed of our financial policies and their *potential* out-of-pocket costs.

Please read this carefully, ask questions, and sign at the bottom. A copy of these policies is available at www.palmereyecare.com. Insurance plans can be quite confusing. This explains how the system works in our office so you will understand your fiscal responsibilities.

INSURANCE: You must bring your valid insurance cards and a photo ID to each visit. We must have all insurance and referral info provided to us **BEFORE** services are rendered or full payment will be required at the time of service. Questions involving eligibility, deductibles, co-payments, benefits and overall coverage should be addressed with your carrier, not our office, before your appointment. You are responsible for any deductibles, co-insurance or services not covered by your plan or insurance. Any remaining or outstanding balance after the insurance payment is due upon receipt of your statement. If you give us the wrong insurance information and we have to resubmit your claim to another plan, there will be a \$20 administrative fee.

CO-PAYS: Co-pays and deductibles are due at the time of service. Insurance plans require that all co-pays be paid in full at the time of service. We cannot waive the co-pay requirement as it is a contractual obligation placed on you by your insurance carrier. If you do not know your co-pay, we may collect \$45. Any overage will be applied to your account or refunded to you. There is a \$10.00 administrative fee for co-pays that are not paid at the time of service and must be billed to you.

All material and service discounts from insurance or vision plans are applied ONLY when the bill is paid in full at the time of service.

Medical Plans and Vision Benefits: There are three components to a complete eye exam. The **medical eye health component** evaluates your eyes for diseases such as glaucoma, cataracts and macular degeneration. The **refraction component** evaluates the optical status and quality of your vision, and the **eyewear component** covers the vision correction that you choose, such as eyeglasses or contact lenses. Not all medical insurance plans include routine vision care coverage; sometimes only the medical component is covered. Vision plans do not cover medical problems. Routine vision and discount eyeglass benefits may be with different carriers than your medical plan. We may be participating providers with your medical plan but not your vision plan or vice versa. In cases of multiple vision/health plan coverages, medical tests will be billed to your medical insurance; vision testing and eyeglasses to your vision plan. **Delinquent Accounts:** A 1½% monthly billing fee is added to outstanding balances over 30 days old. Accounts unpaid for 90 days are sent to collection. Patients are responsible for all costs and/or legal fees associated with collection actions. Patients with outstanding balances cannot make new appointments until the previous balance has been settled. There is a \$29 fee for returned checks.

CONTACT LENS fittings and annual contact lens evaluations are considered additional procedures and are not included in regular annual eye health examinations. Fees vary by the lens type and complexity.

Office Security: For the safety and security of the staff and patients, there are video cameras in public areas throughout the office. Audio may be recorded at the front desk. All recordings are deleted after 10 days.

Eyeglasses and Contact Lens purchases must be paid for IN FULL before orders are processed with our labs.

Refractions: The refraction is the intricate process of precisely determining your eyeglass or contact lens prescription. It is an essential part of every comprehensive eye examination. Medicare and many medical insurance plans do not cover the \$59 refraction fee. If not covered, you are responsible for this fee at the time of service.

No Insurance Coverage or No Eyeglass Coverage? Patients without insurance are required to pay for the examination services in full at the time of service. We accept cash, checks and most credit, debit and HSA cards along with Care Credit, a healthcare credit card. We are happy to discuss payment options prior to service. All prescription eyeglass and contact lens purchases must be paid in full before orders are processed.

Advance Beneficiary Notice of Noncoverage (ABN) - Services Generally Not Covered by Any Plan: Our mission is to safeguard your vision throughout your life. To do this, we routinely use state-of-the-art retinal imaging tests to carefully evaluate your retina, macula and optic nerve. Although it is a critical part of every examination, many managed care plans do not pay for these services unless there is a diagnosed underlying medical condition. Without looking, we will never know if you have a potentially serious or sight threatening vision problem. A clear, high definition retinal image is essential. Retinal photography screenings for \$39 and OCT retinal cross section imaging screenings for \$79 are routine services which may not be covered under your insurance plan. You will be responsible for the fee if insurance does not cover. You will be asked in advance to approve the charge before we perform the service, which directly impacts your eye health evaluation.

Frame and Lens Warranties: All of our eyeglass frames and lenses come with a one or two year manufacturer's warranty. Frames or lenses will be repaired or replaced ONE TIME during that period at no charge. The broken frame must be returned. This policy does not include loss.

Patient Supplied Eyeglass Frames: If you reuse your own eyeglass frame, some frames can be very fragile and may break when new lenses are inserted. While this is rare, our office cannot be responsible for breakage of your frame at our lab or when adjusting patient supplied frames. Our new frames are always 100% covered under the warranty.

Refunds and Returns: There are no refunds on services already provided. Eyeglasses and unopened, undamaged contact lens boxes may be returned for credit within 30 days of pickup. There is a 20% restocking fee on eyeglass frames, lenses, contacts and sunglasses.

No-Show or Broken Appointments: There is a \$35 no-show fee if you fail to notify the office within one day of your scheduled appointment that you must cancel or if there is no notification at all. The fee must be paid before you can reschedule another appointment.

I authorize the Palmer Eyecare Center to submit a claim to my insurance carrier and direct my insurance carrier to issue payment directly to the Palmer Eyecare Center, LLC. I authorize the release of any medical information to my health plan. I further assign to the Palmer Eyecare Center, LLC all rights afforded to me under ERISA with respect to the services rendered, including the right to bring an action to enforce ERISA and my ERISA rights. I accept full financial responsibility for all charges and fees related to my medical treatment and vision correction devices.

I have read and understand these office and payment policies and agree to abide by their guidelines.

Please Print Patient's Name _____

Patient, Guardian or Guarantor's Signature _____ Date ____/____/____