

# SNEED EYE ASSOCIATES

## FINANCIAL POLICY

- **Payment for Services:** Payment is due when services are rendered. If insurance is being filed I understand that I am responsible for paying any co-pay, co-insurance and deductibles amounts at the time of service.
- **Co-Pays, Co-Insurance and Deductibles:** I understand that it is my responsibility to know what my co-pay, co-insurance, and deductibles are, and my obligation to pay all of these at the time of service.
- **Billing Fee:** If I am unable to pay my co-pay, deductible, or co-insurance amount at the time of service, I understand that my appointment may be rescheduled or my account may be subject to a \$15.00 billing fee.
- **Insurance Coverage:** I acknowledge that the insurance cards I have presented are current and accurate
- **Authorizations:** Some insurance plans require a prior authorization for services by a specialist. I understand that if my insurance plan requires a prior authorization it is my responsibility to obtain this authorization prior to my visit with SEA.
- **Participating Insurance Plans:** If SEA Physicians do not participate in my primary and/or secondary insurance plan, I understand that I will be responsible for filing my own claims and for paying amounts due in full at the time service is rendered. SEA will gladly file all insurances of which we are participating providers. If my insurance company has not rendered payment to SEA within 60 days of when it is filed, it will be my responsibility to pay SEA the balance due and follow up with my insurance company myself to recoup my payment.
- **Non-covered Services or Denied Charges:** I understand that some services may be considered non-covered services or may be denied as investigational, experimental, or not medically necessary by my insurance carrier. I understand that if my physician feels these services are needed, I am obligated to pay for these services in full should my insurance carrier deny payment or consider the charges as non-covered services.
- **Optical Goods:** Payment in full is expected at the time of delivery for all contact lenses, contact lens supplies, glasses, and optical accessories. 50% down payment is due at time of glasses order and payment in full is due at time of contact lens order.
- **Credit Cards:** For your convenience, we accept Visa, MasterCard, American Express, Discover and Care Credit.
- **Medical Plans that have Vision Benefits:** Please be advised that some medical plans do have routine vision benefits. However, sometimes these vision benefits are with a different carrier. SEA may participate with your medical plan but not your vision plan. Please contact your carrier to verify your benefits and whether SEA is a provider for both your medical and vision plan. Please present all insurance cards at check-in and inform check-in if your visit is routine or medical.
- **Vision Plans:** SEA participates in a very limited number of vision plans. SEA cannot file claims to both a vision plan and a medical plan for the same visit; please notify the front desk which insurance plan you want billed today. If you are here for a routine vision exam (not medical exam) and SEA does not participate in your vision plan, you will be responsible for paying in full at the time of service. (SEA participates with some Eyemed, VSP, VCP and Avesis vision plans.)
- **Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance carriers do not cover the fee for refractions. I understand that I am responsible for the \$35 refraction fee and it is payable at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your insurance policy pays this refraction fee, we will issue a refund to you for the refraction charge.
- **Returned Checks & Past Due Accounts:** Returned checks will be subject to collection charges, penalties, and interest. All accounts are considered past due if not paid within 90 days of service. Past due accounts may result in collection turnover and may be subject to penalties and interest, and/or the refusal of future appointments until old balances have been paid in full. SEA does not accept post dated checks.
- **No Show Appointments:** All appointments that are not cancelled within 24 hours of the appointment time are subject to a \$25.00 no show fee. This \$25.00 fee must be paid before we can reschedule your appointment. Legitimate emergencies will be taken into consideration.
- **Surgery Charges:** SEA will make every effort to determine your insurance benefits prior to your scheduled surgery. SEA will notify you of the amount you will be responsible for paying prior to your scheduled surgery. Please keep in mind that this is just an estimate. You may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory, or radiologist.