Advanced Eye Care's Patient Financial Policy:

Advanced Eye Care accepts most insurance plans. It is the patient's responsibility to verify coverage and benefits prior to scheduling or receiving services. Insurance verification does not guarantee payment. Final determination is made by your insurance company, and any question regarding coverage, benefits, or payment for service provided is the patient's responsibility to resolve with their insurance carrier.

Patient must present accurate and current insurance at each appointment. Co-pays and non-covered services are due at the time of service. Once your insurance has processed your claim, you will receive a digital notice of any balance due along with secure online payment options. After 10 days, a paper statement will also be mailed to you. Patient balances must be paid upon receipt of our statement. We accept checks, credit cards and debit cards (VISA, MasterCard, American Express, and Discover). Returned checks or declined credit cards are subject to a \$30 fee.

Referrals and authorizations

Some insurance plans require referrals or prior authorizations. It is the patient's responsibility to ensure referrals and/or prior authorizations are obtained timely. If a required referral or authorization is not obtained, the patient may be responsible for the full cost of the visit, or the appointment may be canceled and subject to the Missed Appointment Fee.

Contact Lens Services

Contact lens services require training, fittings, and may include specialty lens ordering. Fit fees are dependent upon the level of training necessary and the type of lens being fit. A credit card on file and consent to Autopay for services is required to proceed with contact lens services. We will submit the claim to your insurance and will refund you if covered.

Refractions

Medicare and most commercial insurance payers do not cover CPT 92015, Refraction. Refraction is a necessary component of our examinations and there is a \$55 charge due at the time of service. We will submit the claim to your insurance and will refund you if covered.

For Self-Pay patients

Patients without insurance, or those receiving non-covered services, are expected to pay in full at the time of service. Patients without insurance, those choosing not to use their insurance, or those receiving non-covered services, must put a credit card on file with our practice. A prompt-pay discount will be applied to your charges. Patients are entitled to an estimate of charges prior to their visit but final balances are dependent upon medical findings and treatments issued during the visit. All balances for services rendered must be paid at the conclusion of the visit.

Surgical and Procedural Patients

Patients who are scheduled for an in-office or surgical facility surgery or procedure will be required to put a card on file with our practice and consent to Autopay of patient balances due. Patients requiring Autopay receive notice in advance of their appointment via digital message.

Missed Appointment Fees

A \$50 fee will be charged for appointments missed or canceled with less than 24 hours' notice. Repeated missed appointments will result in discharge from the practice.

Medical Records and Forms

A complete copy of your medical record is available in your patient portal at no charge to you. Additional copies for legal or administrative purposes may incur a charge. Completion of forms (e.g., disability, medical leave, DMV, school) may incur a \$31 fee.

Refunds

Refunds for overpayments will be issued after insurance has adjudicated all outstanding claims and the account is reconciled. As often as possible, refunds will be issued in the same form as original payment.

Overdue Balances

Any balance on a patient account for any service that is 30 days old will be considered due and is the patient's responsibility to pay. Any balance on an account that is greater than 30 days old is considered past due. It is our policy to send two balance notices and one letter before taking further action on the account. If there is no response following these efforts, the account will be disabled and may be placed with a collection agency. Further action may result in filing and legal fees to the patient. Patients in unpaid status may be discharged from the practice.