



ArkLaTex Eyes

A *VISION SOURCE* Practice

Financial Policy

Payment for the patient's portion of the exam and glasses/contacts are due at the time of service. Payment of your expected portion is due at the time of service and should be paid upon check out from your visit. Payment for all services may be made by cash, check or credit card. If your dependent comes to an appointment alone or is driven by another person, please be sure that you provide them with a means of payment. Payment arrangements by credit card may be made in advance over the phone.

Payment for services is the responsibility of the patient regardless of insurance coverage. At the time of your exam, we estimate your co-payment and/or out-of-pocket expenses based on our past experience with your policy or information provided to us by your insurance company. Insurance companies do not inform doctors' offices of actual dollar amounts in covered benefits prior to treatment and will never guarantee coverage of benefits quoted. Therefore, the initial payment we collect at the time of service is only an estimated cost. Final Insurance coverage cannot be determined with certainty until the claim has been filed and processed. Sometimes this means you may owe an additional amount after your insurance pays. Patients are responsible for any unpaid balance on their account after their insurance processes their claim. If your insurance pays more than expected and a credit is created to your account after insurance pays any refund over \$40.00 will be issued by check and mailed to the account responsible. If a refund amount is less than \$40.00, this amount will remain on your account to be used on future services for yourself or a family member. If at any time you wish this credit be issued to you via check, please call our office and we will refund this amount to the account responsible.

Medical evaluations and physician referrals: If you have a medical diagnosis for which you receive evaluations when you see the doctor (cataracts, dry eye, glaucoma, diabetes, headaches, etc...) we are required by insurance regulations to file the visit with your medical insurance as primary, not routine vision rider such as the Vision Service Plan which does not cover medical exams. If a routine refraction (test for best glasses or contacts prescription) was also performed during the same visit as the medical exam, we will coordinate this claim for you to the vision payer, if applicable. Patients with managed care coverage are responsible for getting a referral from the primary care physician for medical services. If the patient does not get this referral or the primary care physician does not authorize this referral, the patient will be responsible for all charges.

Returned Checks: There is a fee of \$30.00 for any checks returned by the bank.

Monthly Statements and Past Due Accounts: If there is a balance on your account, we will send you a billing statement to the address you have provided. The balance is due upon receipt. If payment is not received in a timely manner and our office has made numerous attempts to collect this balance by written correspondence and/or phone, you will receive a final notice that adds a one-time \$40.00 collection fee to your statement. At this time your account will be referred to a collection agency who will assist in collecting this delinquent account. If the collection proceedings end up in court, the patient and/or responsible party is liable for all expenses incurred (court costs, attorney fees, etc...) up to the legal limits outlined by local and state laws and regulations. All proceedings shall be held in Bowie County - Texarkana, Texas

Patient/Responsible Party Signature: _____ Date: _____