



FINANCIAL POLICY FOR HARRIS OPTICIANS

Harris Opticians would like to thank you for choosing our office to provide you with your vision needs. We are committed to serving you with skill and high-quality care. The vision/medical services that are provided by our office are services you have elected to receive, which may imply a financial responsibility on your part.

NO SHOWS: There may be a charge of \$40.00 for all no show appointments

INSURANCE: All co-payments and deductibles must be paid at the time of service. We participate in several insurance plans, but should you not be covered by a plan we participate in, payment in full for each visit is required. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

MEDICARE: We are a participating Medicare provider, however that does not mean that all services rendered will be covered. Patients are responsible for paying their annual deductible if it has not been met. You are also responsible for any co-payments, which are usually 20% of the allowed amount for an item or service.

SELF PAY: Payment in full is due at the time of service if you do not have medical or vision care benefits.

NON-COVERED SERVICES: Please be aware that some of the services you receive may not be covered or considered reasonable or necessary by Medicare or other insurers. You are responsible for payment of these services.

REFERRALS/AUTHORIZATIONS: We are required to follow the guidelines of your managed care plan, which sometimes mandates a referral from your primary care provider for specialty eye care services. You are financially responsible for the services received, unless a referral is presented at the time of visit. If you do not have a referral from your primary care team, you will be financially responsible for services received that are not covered by your medical plan.

CLAIM SUBMISSION: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. If we participate with your insurance, we will file directly to them prior to billing you. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company.

PATIENT BILLING: You will be sent up to three notices for your financial responsibility (co-insurance, deductible) after payment or Explanation Of Benefit (EOB) is received from your insurance or vision care plans. After the third and last notice, your account may be forwarded to collections. Please let the billing office know if you have any difficulties resolving your bill. Payment arrangements can be made on a case-by-case basis. We accept the following payment methods: Cash, Check, VISA, MasterCard, or Discover. An additional \$40.00 will be added to your statement if the check is returned for insufficient funds. IN the event that your insurance company should happen to send payment to you, the patient, we expect that you would forward it to our office to be applied to your balance.

Patient/Parent/Guardian Signature _____ Date _____