

## Eye Physicians & Surgeons, P.C. & Atlanta Eyewear Financial Policy

Eye Physicians & Surgeons, P.C./Atlanta Eyewear is a place where sincere care and patient satisfaction is our highest mission. We pledge the finest services for our patients. Our experience instills trust and encourages life long relationships. We are proud to be entrusted with the health of our patients and their eyesight.

Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost-effective manner, we ask that you adhere to the following guidelines:

1. **You are ultimately responsible for payment of charges for services you receive from our office.** Certain procedures are non-covered services under all insurance policies; therefore, payment is expected at the time of service.
2. **Refraction, CPT code 92015, is a service that must be performed in order for the physician to prescribe glasses. This service is generally considered routine eye care and not covered by insurance.**
3. **If a service is a non-covered service, there is no diagnosis code that will cause your insurance to pay.**
4. It is your responsibility to provide us with your current address, telephone number, social security number and insurance information at each visit.
5. It is your responsibility to contact your insurance carrier to confirm that the doctor you are seeing is a participant of your plan. **If the physician is not currently on your plan, you will be responsible for payment in full.**
6. We will mail you a monthly statement for any outstanding balances. If your insurance carrier has not paid the claim within 30 days of the date of service, please contact your carrier and assist us in getting the claim paid.
7. We will only file insurance up to 2 months per claim. At that time, payment is due in full by the patient.
8. **If your account with Eye Physicians & Surgeons, P.C. and Atlanta Eyewear is delinquent and it becomes necessary to turn the balance over to a collection agency, you will be responsible for an additional 40% of the balance as well as any court cost or attorney fees that may occur.**
9. You may be charged \$25.00 for missed appointments not canceled within 24 hours prior to the date of the appointment.
10. There is a \$25.00 service charge for all returned checks.

**I acknowledge that I understand and accept this financial policy.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Relationship to patient**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Social Security Number**

For your convenience, we accept cash, personal checks, Visa, Master Card, Discover and American Express.