

Diagnostic Eye Center Payment Policies

We feel that the best medical care can be provided on the basis of a mutual understanding. We strongly encourage you to discuss any questions you may have regarding our policies with our billing staff.

Eye Examinations

Unless your insurance carrier provides benefits for a routine eye exam, payment is required at the time of service. If you have medical benefits and a medical condition, we will bill your medical insurance or Medicare. There is a separate charge for contact lens evaluations as well as refractions.

Refraction Policy

Refraction is the process of determining the eye's refractive error, or need for corrective spectacle and/or contact lenses. It is an essential part of an eye examination, but is **NOT** a covered service by Medicare or most insurance companies regardless of the reason for the test being performed. Our office fee for refraction is \$45.00 and is collected at the time of service in addition to the patient's co-pay.

ACKNOWLEDGMENT

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service. The co-pay is separate from and not included in the refraction fee.

Patient Signature or (parent for minor)

Insurance Policy

We participate in Medicare and several other insurance plans and will verify and direct bill your insurance for medical services under these plans for which we are contracted. When applicable you are responsible for deductibles, co-payments and refractions. Services not covered by your insurance company are your responsibility.

Prior Authorization

Most HMO plans require you obtain authorization and/or a referral for your visit from your primary care physician. It is **your** responsibility to obtain this authorization. This authorization is **required** by your insurance company and should be obtained before you visit our office.

Optical Goods

Full payment is required for all materials prior to orders being placed. Once materials are dispensed, there are **no** refunds. If a prescription change is required in the first sixty days, lenses will be remade. Contact lenses: only unopened boxes will be exchanged during the sixty-day period.

Forms of Payment

For your convenience, we accept; cash, personal checks, Visa, MasterCard, Discover and American Express.

I have read or have had read to me, understand and accept the Diagnostic Eye Center payment policy.

Patient Signature or (parent for minor)

Date