



FINANCIAL POLICY

- **Payment Due:** I understand that payment is due when service is rendered.
- **Co-pay, Co-insurance and Deductibles:** It is my responsibility to know what my co-pay, co-insurance and deductibles are, and my obligation to pay this at the time of service.
- **Billing Fee:** If I am not able to pay my co-pay, deductible or co-insurance portion at the time of service my appointment may be rescheduled or subject to a **\$5.00** billing fee. We accept cash, check, credit card, and care credit.
- **Insurance Coverage:** We will ask you to update your information sheet at least once a year, However, if you insurance changes at any time it is your responsibility to provide us with the new information. We only have a certain amount of time to file your claims to your insurance company to receive payment. Therefore, it is important that we have **current and accurate** information.
- **Non-Covered Services:** I understand that some services may be considered non-covered services by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I understand that I am financially responsible for paying all non-covered services.
- **Denied Charges:** I understand that some charges may be denied by my insurance carrier as investigational, experimental or not medically necessary and will not be paid by my insurance carrier. I understand that my physician feels these services are needed whether my insurance carrier(s) deem them payable or not and that I am obligated to pay for these services in full.
- **Refractions:** Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lens. Medicare and most medical insurance do not cover the fee for refractions. I understand that I am responsible for this **\$40** fee and it is payable at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your Insurance policy pays this fee you will then be refunded your payment.
- **Participating Insurance Plans:** If CEC/AEA is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service.
- **Returned Checks & Past Due Accounts:** Returned checks will be subject to collection charges, penalties and interest. All accounts are considered past due if not paid within 90 days of service. Past due accounts may result in collection Turnover and subject to penalties and interest, or the refusal of future appointments until old balances have been paid in full. CEC/AEA does not accept post dated checks.
- **Vision Plans:** CEC/AEA participates in a very limited number of vision plans. It is your responsibility to know which vision plans are accepted and which physicians participates in the plan.
- **Medical Plans that have Vision Benefits:** Please be advised that some medical plans do have routine vision benefits, however, sometimes these vision benefits are with a different carrier than your medical plan. We may be participating providers with your Medical plan but not your vision plan. Please contact your carrier to verify your benefits and whether CEC/AEA is a provider for both your medical and vision plan.
- **Surgery Charges:** CEC/AEA will make every effort to determine your insurance benefits and to relay to you what you will owe for surgery charges, please keep in mind that this is just an estimate. Please be aware that when surgery is performed, you may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory or radiologist.
- **Authorizations:** Some insurance plans require you receive a prior authorization for services by a specialists, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic.
 - I, the undersigned, accept financial responsibility according to the above policies and procedures
 - Please contact our business office with any questions at (423) 472-5401

Signature of responsible Party

Date