

Eye Physicians Medical/Surgical Center, Inc. Office Policy

INSURANCE CARD: Please bring your insurance card and photo ID with you to all of your appointments.

If you change insurance plans, please be sure to notify us. Having insurance is not a guarantee of payment. You will be responsible if your coverage has been denied by your insurance plan.

HMO Insurances – If you have a co-pay as part of your agreement with your insurance plan, you are required to pay your co-pay prior to your visit.

PPO / Private Insurances – Most PPO insurance plans have an annual deductible and/or co-pay which must be met before the insurance plan is responsible for payment. Please be aware of what your portion is prior to your office visit. Payment will be due at the time of your visit.

MEDICARE Patients will be responsible for your Annual Deductible and the 20% if you do not have a secondary insurance.

LATE ARRIVALS: If you are more than 15 minutes late for your appointment time, we will not have sufficient time to complete your exam. We would be glad to reschedule your visit.

MISSED APPOINTMENTS: We require a 24-hour notice of cancellations. Missed appointments are lost opportunities for other patients. There is a **\$40 charge** for appointments missed without 24-hour prior notice.

CO-PAYMENTS & DEDUCTIBLES: Your insurance company requires us to collect your co-payment and/or deductible at the time of your visit. You will be required to pay your co-payment and/or deductible prior to your examination.

RETURNED CHECKS: Patients with checks returned for insufficient funds, closed accounts, and stop payments will be charged **\$20 per check** to cover bank fees.

CONTACT LENS SERVICES: Some vision insurance plans cover only the refraction and do not cover any contact lens services, such as the annual contact lens evaluation or contact lens fittings. If you would like an updated contact lens prescription, we are required by law to perform an annual contact lens evaluation in order to document that your contacts are fitting correctly. If you are not covered by your vision insurance plan for the annual contact lens evaluation, you will be responsible for the **contact lens evaluation fee of \$80**. The cost for the contact lens fittings vary based on the complexity and type of contact lens fitting required based on your individual needs. **If you are a first time contact lenses patient, the contact lens fitting starts at \$125** and varies based on the complexity and type of contact lens fitting required based on your individual needs.

90-DAY OPTICAL PRESCRIPTION GUARANTEE: Your prescription is guaranteed for 90-days from the date of the examination. **A minimum of a \$50 exam fee applies for re-evaluations past the 90-day prescription guarantee period. Prior to ordering your eyeglasses, a 50 % non-refundable deposit is required.**

PRESCRIPTION REFILLS VIA FAX ONLY: If you require a prescription refill, please call your pharmacy and they will send us your refill request. Prescription refills require 24-48 hours to respond to the request and will be handled during our normal business hours.

I have read and understand the Eye Physicians Medical/Surgical Center, Inc. Office Policies:

SIGNATURE of Patient, Parent or Legal Guardian Date

PRINT PATIENT NAME: _____