



Sound Eye and Laser

FINANCIAL AND PAYMENT POLICY FOR MEDICAL SERVICES

Insurance

If you have medical/vision insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy. If you have insurance, Sound Eye & Laser will bill your plan for you. It is your responsibility to provide complete & accurate information regarding your insurance coverage. Failure to provide complete & accurate information means you will be billed for all services. While our office takes care to verify coverage, it is ultimately your responsibility to ensure your visit will be covered by your insurance. Likewise, while our staff can tell you which insurance **companies** we maintain contracts with, only your plan's customer service can verify whether our providers are covered under a given plan.

Federal law requires that we update your demographics annually. Please assist us by completing your forms fully each time, and by signing and dating each new form. Failure to complete these forms may result in delays or cancellations of your appointment. Our failure to obtain these updates could result in criminal and civil penalties and/or expulsion from your insurance plan. Please assist us in complying with your insurance requirements.

We will gladly submit fees for your covered medical services to your insurance company. However, we expect payment of all services within 60 days. It may become necessary for you to pay your account in full if your insurance company fails to pay for services within 60 days. It is your responsibility to understand your coverage and benefits. We will, however, assist you to insure all plan requirements are met.

_____ **Initial**

Cancelled Appointments

Charges may be made for broken, confirmed appointments and appointments cancelled without 24 hours advance notice. Your cooperation in canceling your scheduled appointment well in advance of the appointment allows us the opportunity to offer your appointment to another person in need of medical attention. Failure to show up for a scheduled confirmed appointment may result in a \$50 cancellation fee.

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General

We will gladly discuss treatment and answer any questions we can related to your insurance coverage. We will bill your insurance plan for all services. You are responsible for all non-covered portions, including but not limited to any deductibles, co-payments/co-insurance, non-covered services, out-of-network amounts, contract limits, or other fees specifically assigned by your plan as patient responsibility. Your insurance coverage is a contract between you, your employer, and the insurance plan. Sound Eye & Laser is not a party to that contract, but maintains separate contracts with most plans to provide services to patients. When your contract provides you with information that is different than that provided through our contract, we must abide by our contract. Any disputes arising from differences in these contracts are the patient's responsibility to resolve.

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Payment for Services

Payment for services is due at the time services are rendered. We accept cash, personal checks, cashier's checks, money orders, Visa and Mastercard. Returned check, balances older than 60 days and failure to pay account balances as promised may be subject to external collection and additional collection fees, including attorney and other court fees. We may investigate your credit report to determine your ability to pay your debt. If your plan has a co-insurance and you have no secondary coverage, you may be asked to pay the co-insurance amount at the time of service. Our office provides a discount for payment in full made at the time of service. However, if we are later asked to bill insurance, we will bill the full amount, and you will be responsible for any non-covered amounts over what you have already paid.

_____ **Initial**

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us.

My signature below constitutes acknowledgement and acceptance of this policy.

Signature

Print

Date