WHEATON EYE CLINIC FINANCIAL POLICY

Wheaton Eye Clinic is committed to providing quality ophthalmologic care. Our staff will help you receive the maximum allowable insurance benefits. Ultimately, you are financially responsible for all services rendered.

INSURANCE PLANS: Wheaton Eye Clinic participates in most major medical plans but does **not** participate in vision plans. See our website for an up-to-date list of contracted carriers. Plans and networks may change, which can affect your financial responsibility.

Your Responsibilities:

- Bring current insurance cards to all visits.
- Notify us of any insurance changes before your appointment.

If there is a delay in your eligibility or change in your insurance, you are responsible for full payment at the visit, including a minimum deposit. Any overpayment will be refunded after reconciliation. You authorize Wheaton Eye Clinic to bill and receive payment directly from your insurance, including ERISA plans.

HMO/POS/REFERRALS: Patients must obtain required referrals before the visit. If you choose to be seen without authorization, you will be responsible for full payment at the time of service.

MEDICARE: The physicians at Wheaton Eye Clinic accept Medicare assignment. Medicare pays 80% of what it approves after the annual deductible, and you or your secondary insurance will be responsible for the remaining 20%.

MEDICARE ADVANTAGE: Medicare Advantage plans are not traditional Medicare. You must follow the plan specific policies to avoid extra charges.

WORKERS COMPENSATION: All necessary documentation to bill your Workers Compensation carrier must be provided at the time of service, otherwise payment is due at the time of service. If payment is not received from your Workers Compensation carrier within 90 days, you are responsible for the balance.

UNINSURED PATIENTS: A $200 deposit is required before your appointment. This deposit will be applied to your charges. You are responsible for any balance or will receive a refund if overpaid, processed within 10 business days.

PAYMENTS: We accept all major credit cards, money orders and personal checks. You will be responsible for all fees associated with returned checks. Copays, Deductible and coinsurance must be paid at each visit.

ACCOUNT STATEMENTS: You will receive a statement once your insurance processes claims. Balances are due promptly. Accounts unpaid after 30 days may be sent to collections.

DIVORCE DECREES: The accompanying adult is responsible for payment at the time of service for minors. Please provide any court orders and related documents which address consent for treatment concerning your child.

OUTSTANDING BALANCES: All outstanding balances must be paid before receiving further treatment.

ASSIGNMENT OF BENEFITS: Assignment of insurance benefits does not relieve you of payment responsibility.

COLLECTION COSTS: Unpaid balances may be sent to collections. You agree to pay all related legal and agency fees.

EMT/911 SERVICES: If emergency services are required during your visit, you are responsible for the costs.

ON-CALL/AFTER-HOURS: On-call physicians are only available to established patients. Fees may apply for on-call telemedicine or after-hours visits not covered by insurance.

OPTICAL DEPARTMENT: Your prescription is guaranteed for 90 days from the date of issue. Should you require a change within that time, you will not be charged for a recheck. Glasses purchased from any of the Wheaton Eye Clinic Optical stores will be changed, if necessary, at no cost to you. Changes for glasses not purchased at our optical store are not covered.

DRIVER'S FIELD EXAM: This elective test for the Department of Motor Vehicles paperwork is not covered by insurance and is your financial responsibility.

SURGERY CANCELLATION: Cancelling or rescheduling surgery with less than 14 days' notice incurs a $200 fee.

REFRACTIONS: A refraction helps assess your vision and determine your eyeglasses prescription. It may be necessary for your doctor to evaluate your eye condition or measurement. Refractions are not covered by most insurance, including Medicare. You are responsible for the fee. _____ (initial)

MISSED APPOINTMENTS: Wheaton Eye requires at least a 48-hour notice to cancel an appointment. You may be charged a $50 no-show/late cancellation fee. _____ (initial)

Acknowledgment: I have read and understand the Wheaton Eye Clinic Financial Policy.

_____ _____

Printed Patient Name Date

_____

Signature of Patient (or Power of Attorney/Legal Representative)

_____

Printed Name of Power of Attorney/Legal Representative