



## EYE CARE SERVICES

### FINANCIAL POLICY

Thank you for choosing Eye Care Services to serve your eye care needs. We are dedicated to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is vital to our professional relationship. Your payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, and your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

#### Insurance Claims

Please bring your insurance cards to every visit. In order to accurately bill your insurance company we require that you provide accurate and current insurance information including primary and secondary insurance. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company possibly will pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. It is your responsibility to check with your insurance company to be sure we participate with your plan. If we do not participate with your plan, you will be responsible for full payment.



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#### Co-payments

Patients are expected to pay AT TIME OF SERVICE all amounts known not to be covered by their insurance company. These amounts include co-payments, co-insurance, and/or deductibles. Payments may be made by cash, check, and/or credit card.

#### Vision Plans

We participate with several Vision Plans. Please check with your plan to see if we are members of your Vision Plan. If we do not participate, services are payable at the time of service. It is always the patient's responsibility to know if our office is participating with their plan. If you come for an office visit and we do not participate with your insurance company, we assume you decided to see us as an out-of-network provider.

#### Routine vs. Medical Exam

Routine vs. Medical Exam A Routine Vision Exam is an exam which is performed on a healthy patient. It is most frequently requested by patients to determine the need for corrective lenses. Not all insurances cover vision exams or offer a "vision" benefit. It is your responsibility to know if you have this benefit and how often it may be available. You will be responsible for payment if your vision exam is not covered. A medical exam is billed to your medical insurance with the symptom or condition which was examined on the day of the visit.



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#### Refraction for Medical Exam

This is the test to determine if you need a prescription for eyeglasses. Unfortunately most insurance companies do not pay this fee, it is billed to the patient in addition to the exam charge and is payable at the time of service. Our Refraction fee is \$20.00.

#### Financing

Care credit is a financing option that is available for patients.

#### Returned Checks

The charge for a returned check is \$20.00 payable only by cash or credit card. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

#### Minors

The parent(s) or guardian(s) who accompanies the minor is responsible for full payment and will receive the billing statements.

#### Outstanding Balances

If your account becomes delinquent and you have not established or met payment options with our billing department, your account will be turned over to a collection agency. Outstanding balances must be resolved prior to any non-emergency appointments.

This Financial Policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us at (231) 421-7068



## EYE CARE SERVICES

### SERVICES

\$65

Eye Exam

\$100-  
120

Contact Lens  
Exam

\$29

Optomap

\$20

iWellness Exam

\$39

iWellness &  
Optomap

\*Save \$10.00 when you package the Optomap & iWellness Exam