

FINANCIAL POLICY

Elander Eye Care is committed to providing you with the highest level of service and quality of care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to do that, we require your assistance and understanding of our financial policy. **Please READ each statement.**

Ophthalmic/Optometric services are provided for **medical care** (eye disease or injury) as well as for **vision care** (blurred vision, myopia, hyperopia, astigmatism, etc). Benefits for eye exams are based on a patient's diagnosis. Your plan may only consider payment for medical care and may not include vision care. This includes vision exams referred by other doctors or needed for the Department of Motor Vehicles or other agencies. We do not accept or bill any vision health plans.

The patient must provide us with current, valid insurance cards **at the time** of the office visit.

Refraction exams are a part of a complete eye exam, but are not a covered benefit by most insurance plans. (A refraction exam is where the doctor checks your vision to determine whether or not you need eye glasses.) Refractions are billed as a separate service and are **due at the time of service** regardless of whether or not there is a change in prescription.

All deductibles, co-payments and non-covered services are to be paid **at the time of service**. For your convenience, we accept Visa, Mastercard, American Express (for amounts over \$50.00), Discover, personal checks and cash. There is a \$25.00 fee for all returned checks.

Contact lens orders are to be paid in full at the time the order is placed. Elander Eye Medical Group does not bill insurance for any contact lens services. All contact lens services are due at the time of service.

All services rendered to minor/dependent children of divorced or separated parents are the financial responsibility of the parent who booked the appointment for the child. We do not get involved in who is court ordered to pay for medical bills or maintain current medical insurance for said minor/dependent child.

Elander Eye Care bills insurance as a courtesy to our patients. If we are not a provider of your specific plan, all charges are **due in full at the time of service**. Regardless of whether we file your insurance claim, you are ultimately financially responsible for all services rendered.

DIAGNOSES WILL NOT BE MODIFIED TO FIT YOUR INSURANCE PLAN BENEFITS.

By signing below, I acknowledge that I have read and understand the above financial policy. I understand and agree that I am financially responsible for all charges for services rendered to me. I hereby assign all insurance benefits to which I am entitled to Elander Eye Medical Group, Inc. I authorize the use of this signature on all insurance claims. I authorize EEMG, Inc. to release all information necessary to secure payment of benefits.

Signature

Date

Relationship to patient

Patient's Name printed