

Patient Payment Policy

Introduction: Here at the Eye Centers of Racine and Kenosha, we're committed to providing you with the highest quality care and service. Yet, paying for that care can be a difficult and confusing process. Rules, regulations, forms, red tape ... the list never seems to end! We hope this policy helps cut through some of the red tape, clarifies our expectations, and answers some of your questions about paying for your care.

We want to assure you that we make every effort to bill accurately for our services and to follow all federal and state laws regarding billing practices. The government and most insurance carriers have volumes of rules regarding billing and what services they will and will not pay for. As a result, we spend a great deal of time and energy working to ensure your claims are filed and your statement is prepared in a complete, timely and accurate manner. Likewise, we ask that you help us by always reviewing your statement carefully and paying your bill promptly. Please understand * INSURANCE PENDING indicates a claim has been filed to your insurance. You however are directly responsible for payment in full of any and all fees. If you have any questions about your statement or account, please call our Business Office at (262) 637-8835.

1. Payment Methods: We accept cash, personal checks, money orders, Visa, MasterCard, American Express and Discover credit cards. We also have several other patient payment options available including short-term interest-free programs and installment plans.
2. Copayments: Copayments that are required by your insurance carrier must be paid at the time of your appointment. This payment is part of the contract you have with your insurance carrier and/or employer and we are required by law to abide by it. If you cannot make your required copayment, your appointment may be rescheduled.
3. Up-To-Date Information: To make sure that we accurately handle your claims, we ask all patients to confirm key pieces of information at each visit. We also ask that you please present your insurance card(s) at every visit.
4. Insurance: For our patients with insurance or vision care coverage, we will be happy to file claims to your insurance carrier on your behalf. In order to file these claims, we need you to authorize the insurance carrier to pay us directly. This is called "assigning benefits." By signing the encounter form you are assigning benefits to us.

You will receive a statement showing our charges and the insurance carrier to whom the claim was submitted. You must review each statement and notify us immediately if there are any errors. We expect your insurance carrier to provide reimbursement within 30-40 days of billing. Any balance after insurance will be considered current from the date of the last insurance payment and it will be your responsibility to pay. Regardless of your insurance coverage, we rely on you to settle your account in a timely manner. Finally, you must take care of any disagreements over assignment of benefits directly with your insurance carrier(s).

5. If You Do Not Have Insurance: For our patients who do not have insurance or who do not have coverage for routine vision care, we expect payment for services provided on the date of service. If you have questions about paying for services, please speak to one of our receptionists **before** you see the doctor.

6. Workers Compensation, Accidental Injuries or Liability Claims: If you are claiming workers compensation or filing a claim to a liability carrier, we must still obtain information on your personal health insurance. If payment is denied by workers compensation or the liability carrier, we will file claims with your personal health insurance carrier. If your personal health insurance carrier will not pay for services rendered, you will be required to pay the balance due on your account. The clinic cannot wait for a litigation decision before being paid for your treatment.

7. Minors: Minors must be accompanied by a parent or legal guardian. The parent or guardian that accompanies the minor to the clinic is responsible for identifying who will be guaranteeing payment for services. This individual will be held wholly responsible for payment for services should any dispute arise, The clinic cannot be involved in disputes between divorced or separated parents.

8. Receipts: We will issue you a receipt for every type of payment made to the clinic - cash, check or credit card. If you do not receive a receipt, please see the manager or director before leaving the clinic.

9. Returned Checks: If a check is returned to us for insufficient funds (NSF), we will charge a \$25 fee to cover the costs related to processing the check.

10. No-Shows: We ask you to keep appointments so that we can provide the appropriate care for you. If you fail to cancel an appointment at least 24 hours in advance, you will be considered a "no-show" for your appointment. If you no-show three or more times in one calendar year, we will evaluate whether we can continue to provide care for you.

11. Collections: Patients who have not paid an outstanding balance or who have not made arrangements for paying these balances in a timely manner may be referred to a collection agency. This policy also includes patients who are not making timely payments on an existing payment plan. These patients normally will not be seen until all outstanding balances are paid. When appropriate, we can make arrangements to see you as long as you pay for all services at the time they are rendered.

I have read the above Patient Payment Policy and understand and acknowledge my responsibilities.

Patient's Name: _____ Patient's Date of Birth: _____

Patient's Signature: _____ Today's Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Today's Date: _____