

VALLEY EYE FINANCIAL POLICY AND BILLING PROCESSES

Payment Due: I understand that payment is due when service is rendered.

Co-pay, Co-insurance and Deductibles: It is my responsibility to know what my co-pay, co-insurance and deductibles are and my obligation to pay at the time of service. If I am not able to pay my co-pay at the time of service my appointment may be rescheduled or subject to a \$20.00 billing processing fee.

Insurance Coverage: I acknowledge that the insurance cards I have presented are current and accurate.

Non Covered Services: I understand that some services may be considered non-covered by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I understand that I am financially responsible for paying all non covered services.

Refractions: Refraction is the process of determining if there is a need for corrective eye glasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses. Medicare and some medical insurance do not cover the fee for refractions. I understand that I am responsible for this fee and it is payable at the time of service. We can, at your request, file your refraction charge with your insurance plan. If your insurance policy pays the fee, we will then be refunding your payment.

Participating Insurance Plans: If the practice is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service.

Returned Checks & Past Due Accounts: Returned checks will be subject to collection charges, penalties, and interest. Future appointments will be refused until old balances have been paid in full. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for all collection agency fees in addition to your outstanding balance. You agree in order for our collection company to service your account or to collect monies you may owe, Valley Eye Professionals, LLC and/or Apex Collections may contact you by telephone at any telephone number associated with your account including wireless telephone numbers, which could result in charges to you. Apex may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

CHIPS (Children's Health Plan): I understand that the practice participates in the CHIP program for medical conditions only. The practice does not participate in CHIPS vision plan. If no medical diagnosis is found, even if I was referred by another physician, I will be responsible for all charges.

Vision Plans: The practice participates in Davis Vision, EyeMed, and Law Enforcement Health Benefits (LEHB). It is your responsibility to know which vision plans are accepted and which physicians participate in the plan. It is also your responsibility to know if you are eligible for benefits at the time of service.

Surgery Charges: The practice will make every effort to determine your insurance benefits and to relay to you what you will owe for surgery charges. Please keep in mind this is just an estimate. Please be aware that when surgery is performed, you may incur additional charges (in addition to the surgeon's fees) from the surgery facility, anesthesiologist, laboratory, and/or radiologist.

Referrals: Some insurance plans require you receive a referral for services by a specialist, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic. If the proper referral is not obtained, your appointment could be rescheduled.