

Copays: Patients are responsible for understanding and abiding by the terms of their medical insurance plans. All co-payments are due at the time of service. All past due balances are due at the time of check-in unless previous arrangements have been made. Medicare patients with no secondary insurance are responsible for the 20% co-insurance at checkout. We accept cash, check, or credit cards, including Care Credit.

Outstanding Balance Policy: Patients with ongoing balances will be billed monthly. After two statements, a final notice will be sent, due upon receipt. If balance is left unpaid, the outstanding balance will be turned over to a collection agency. The costs associated with the collection will be added to the account balance and become the patient's responsibility.

Telephone Consumer Protection Act Consent: You expressly consent to receiving calls and messages, including auto-dialed and pre-recorded SMS messages, including text messages, and emails from us and our third-party agents at the numbers you have provided or may provide in the future. Your cellular or mobile telephone provider may charge you according to the type of plan you carry.

Self-Pay Accounts: Self-pay accounts are for patients without insurance coverage, patients with insurance plans the office does not participate in, or a patient without a medical diagnosis. It is always the patient's responsibility to know if our office is participating in their plan. Self-pay patients are expected to make payment in full at the time of service. Extended payment arrangements are available if needed due to hardship. Please ask to speak with the office manager to arrange an agreeable payment plan.

Missed & Cancelled Appointments: Our office understands that emergencies come up that require changes in schedules. If you need to cancel or reschedule your appointment, 24-hour notice is required. A "no show/cancellation fee" of \$25 may be added to your account if you fail to show for an appointment or fail to give proper notice of cancellation. If you "no-show" for two appointments or cancel repeatedly without proper notice you may be dismissed from the practice.

Referrals: If your insurance requires a primary care physician (PCP) *insurance* referral, it is the patient's responsibility to obtain the necessary referral prior to the appointment and to ensure that Valley Eye Group has received the referral.

Refractions: A refraction is an important part of your eye exam to evaluate your best corrected vision and write a prescription for glasses if needed. A refraction will help determine whether any vision difficulty or blurriness is associated with a medical problem or a need for glasses. Not all insurance plans cover this service. Medicare specifically excludes refractions as a covered benefit. The cost of the refraction is due at the time of service. Our refraction fee is \$50.00.

Additional Fees: There is a fee for completing additional forms. You may be charged a fee for completing a driver's license form (\$10.00) if not done at the time of a regularly scheduled visit. You may be charged for completion of FMLA or disability forms (\$25.00). There is a returned check fee of \$25.00.

Workers' Compensation and Automobile Accidents: In the case of a workers' compensation injury or automobile accident, you must obtain the claim number, phone number, contact person, and name and address of the insurance carrier prior to your visit. If this information is not provided, you will be asked to pay for your visit at the time of service and submit the receipt to your employer.

Refunds: Patient refunds are made once all insurance claims and open balances have been settled. Refunds of over \$5.00 will be processed within 60 days. Refunds under \$4.99 will remain a credit on the account.

This financial policy helps the office provide quality care to our patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.