



## **Patient Financial Policy**

Thank you for choosing Monson Eye Care for your eye care needs. We are committed to providing you with the highest quality of care. And our fees reflect that professional commitment to excellence.

Our office will be glad to assist you in obtaining the maximum benefits specified in your plan however, it is important that you understand:

\*Your insurance plan is a contract between you and your insurance company. We are NOT a part of that contract. We must emphasize that as your eye care provider, our relationship is with you, not your insurance company. We will file your claim to your insurance as a courtesy. Any claims that remain outstanding by the insurance company over 90 days will then be your responsibility.

\*All health plans are not the same and do not cover the same services. If your health plan determines a service to be "not covered", or you do not have authorization, you will be responsible for the charges. Some insurance companies arbitrarily select certain services they will not cover. We will attempt to verify benefits for some services; however, you remain responsible for charges to any service rendered. Patients are encouraged to contact their plans for clarification of benefits prior to appointments.

\*Medicare does not consider the refraction as a covered benefit. The refraction charge must be paid if there isn't any secondary insurance that will cover it. The refraction is the part of the exam in which the doctor determines your need for prescription glasses.

\*You must inform the office of all insurance changes. In the event the office is not informed, you will be responsible for any charges denied.

\*In the effort to keep costs down, payment is due when services are rendered. We accept Visa, Mastercard, Discover, American Express, cash, and check. We also accept Care Credit. And we can help you with any questions about Care Credit.

\*Glasses are a custom product made specifically for each person. Payment must be received before orders can be placed. If we are billing your vision plan all copays and/or overages are due at the time of ordering.

If you have any questions about the information above please let us know. We are here to help. Thank you.

I HAVE READ AND UNDERSTAND THIS FINANCIAL POLICY.

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_