



Eye Clinic North™

Payment Policy

1. Insurance. We participate in most insurance plans, including Medicare. While we take great effort to research and verify your insurance and eligibility, it is ultimately your responsibility to know your insurance and coverage. There are some situations where a vision insurance policy may be a separate policy than your medical insurance and may not appear on your medical insurance card. If you are insured by a plan we do not accept, payment in full is expected at each visit. Please contact your insurance company with any questions you may have regarding your coverage.

2. Co-payments and deductibles. All co-payments are due at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment for each visit.

3. Non-covered services. Please be aware that some, and perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. Specifically, the refraction, which determines one's glasses prescription, may be deemed as a routine service and may not be covered under one's medical insurance. Any examination, fitting, and/or prescription of contact lenses is not included as part of a comprehensive eye exam and may result in additional charges. Payment for these services is due at the time of the visit.

4. Proof of insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

5. Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

6. Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance may be billed to you.

7. Nonpayment. If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Payment plans may be negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. If this is to occur, our doctors may choose to treat you on an emergency-only basis until the account is paid.

8. Returned Checks. A \$30.00 fee will be applied for each returned non-sufficient funds check.

9. Missed appointments. Please help us to serve you better by keeping your regularly scheduled appointment. Appointments canceled within 24-hours will be considered missed. Numerous missed appointments may result in limited appointment availability.

10. Refunds. All consumer goods and professional services are non-refundable.