FINANCIAL POLICY METHOD OF PAYMENT:

You can choose to pay by cash, check, credit card, or money order.

APPOINTMENTS:

- It is your responsibility to verify that the physician is currently under contract with your insurance plan.
- **IF** your insurance requires a referral, it is your responsibility to obtain a referral BEFORE you arrive for your appointment. (Failure to confirm this may result in your responsibility for charges.)
- Please inform the receptionist of any demographic changes (name change, phone number, address, insurance information, etc.) Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier.
- In the event you provide the incorrect insurance card, you will be responsible for the charges incurred.

PAYMENT IN FULL IS DUE AT THE TIME SERVICES ARE RENDERED:

- Copays and co-insurance amounts, deductibles and all non-covered items and charges are the insured/patient's financial responsibility and are due during the check-out process.
- If you receive more than one type of service on the same day (contact lens evaluation, contact lens refit, optos at your request) you may be responsible for more than one copayment.
- There is a separate fee for contact lens evaluations each year. A contact lens evaluation is required each year to write a prescription for contact lenses. This service is not covered by insurance. You will be required to pay at the time of service.

AUTO ACCIDENTS/WORKERS COMPENSATION:

- Motor Vehicle Accidents (MVAs) will be filed to your auto insurance as a courtesy to you. Failure to receive payment within 30 days of the date of service may result in your responsibility to pay.
- Our office will send appropriate workers compensation forms for services rendered on your behalf as a courtesy. If a claim is denied, we will expect payment in full from you within 30 days of receipt of our bill, (a good faith payment of 25% is required for a longer term of repayment).

PAST DUE ACCOUNTS:

- If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred.

COLLECTIONS AND OUTSTANDING BALANCES:

- Any outstanding balance after 90 days of date of service may be referred to an outside collection agency. Accounts referred to an outside collection agency may be subject to a collection fee of 25%, which will be added to the total balance due at the time of write off.

RETURNED CHECKS:

There is a $25 fee for any checks returned by the bank.

What is refraction?

- Refraction is a test done to determine the prescription of your eyes, or the need for glasses and/or contact lenses.

Why do I have to pay for refraction?

- Refraction (CPT code 92015) is a **non-covered** service by Medicare. As a result, your healthcare provider is required by CMS (the department with the federal government that controls Medicare) to charge this service. Most other insurances (other than vision plans) follow Medicare's rules. All these plans consider refraction a "vision" service and not a "medical" service. You will be required to pay at the time of service.

ASSIGNMENT OF BENEFITS: I authorize payment of medical benefits to Paul Phillips Eye & Surgery Center for professional services rendered. I understand I am financially responsible for all charges not covered by my insurance.

RELEASE OF INFORMATION: I authorize the release of any and all information necessary to process my insurance claim.

Signed _____Date_____

Paul Phillips Eye & Surgery Center

6 B Minneakoning Road	**1 Monroe Street**	**64 Walmart Plaza**
Flemington, NJ 08822	**Bridgewater, NJ 08807**	**Clinton, NJ 08809**
908-824-7144	**908-526-4588**	**908-735-4100**