

MILLENNIUM EYE CARE, LLC ~ FREEHOLD SURGICAL CENTER, LLC
OUR FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical or vision insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, any and all financial liability rests with the patient.

Our office participates with most major insurance plans for which we provide **MEDICAL and SURGICAL** ophthalmologic care to our patients. We participate with **Vision Service Plan (VSP)** and **EyeMed** for **ROUTINE VISION SERVICES. If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral in order for your visit in our office to be covered under your medical insurance.** If you do not have the valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination. **A refractive examination is not a covered service by most insurance companies, including Medicare. The refraction fee of \$50 will be due at the time of service unless we are certain that you are covered for this service.**

Contact Lens Exam services are available with our Doctors of Optometry. There is an annual Contact Lens Exam Fee of **\$45** if no change is made to your brand. New Fit Fees and Refit Fees apply for new contact lens wearers or changes in brand and modality. This fee will be collected at the time of visit. If you have VSP or EyeMed vision insurance, we will collect this fee according to your benefit plan.

It is the patient's/parent's/guardian's responsibility to:

- Be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles.
- Bring all of your current insurance cards to all visits.
- Provide our office with current personal information including address, phone numbers and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit.
- If we determine you have an unmet deductible, you may be asked to remit payment for services at the time of visit.
- We accept cash, checks and all major credit cards for services. On-line bill pay and e-statements are also available.

At the time of your visit, you will be asked whether you wish to use your medical or vision insurance as your insurance portion of the services provided. How you indicate your preference is how your claim will be billed. Our office will not be responsible for changes made after the service is rendered and the claim is submitted.

We appreciate prompt payment in full for any outstanding balance. If you are unable to pay a balance in full, please notify our billing department immediately and we will try to work out a payment plan with you. If your account is turned over to our collection agency, you agree to pay any fees imposed by the collection agency in order to collect the overdue amount. Any check payments that do not clear the bank will be subject to a **\$30** returned check fee.

For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the parent or guardian with whom the child resides for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. We request that you inform the subscriber that their insurance has been used.

I have read and understand the above financial policy.

Signature of patient/guardian/parent

Date

Printed name of patient

Date