



## REVIEW OF FINANCIAL POLICIES

**The doctors and staff at Carolina Eye Care are pleased that you have chosen us for your eye care needs.**

- Payment for professional services (eye examination, specialty testing, office visits, etc.) is due the day the services are provided. **Correct payment is required before any orders are placed, either eyeglasses or contact lenses.** For your convenience, we accept cash, checks, debit cards, Visa, MasterCard, Discover and Care Credit.
- Our office policy enforces a strict **One Day Cancellation Policy** on eyeglasses or contact lenses. Be advised that if for any reason you would like to cancel your order, glasses or contacts, you must do so within **ONE FULL BUSINESS DAY**, otherwise your order will be placed and proper payment will be collected.
- We are providers for a wide array of insurance plans and are happy to file those claims on your behalf. Payment for co-pays, deductibles, and items known not to be covered by your insurance is expected at the time of your visit. You are also ultimately responsible for all charges for which your insurance company denies payment when we receive an Explanation of Benefits statement from them. We ask patients with insurances for which we are not providers to make payment in full when services are rendered.
- We will collect information for both vision insurance and medical insurance. It is our responsibility to provide you as a patient with the highest quality of eyecare possible. If a **medical condition** is discovered or known, (i.e. Diabetes, High Blood Pressure, Cataracts, Glaucoma, Macular Degeneration, etc.); you allow our doctors to use their discretion to order any tests needed for your particular diagnosis. **Please be advised we will then bill your medical insurance for the visit and any additional testing and you will be responsible for your specialist copay, if applicable, as well as deductible, co-insurance, etc.**
- In some families, the question of who is responsible for a child's bill is uncertain. Since we are not party to any separation agreement or court order, this is strictly a matter between the parents. We must insist, therefore, that the parent who requests evaluation and treatment for the child will be responsible for all fees incurred.
- We do not handle any return check fees here at our office, if your bank account is overdrawn for any reason, the check is submitted to Re\$ubmiIt and they are in charge of all of our reprocessing fees for returned checks.
- Please be advised that we work closely with **Prince Parker and Associates** for all delinquent accounts. If an account is unpaid after 60 days, it is then turned over to the collection agency. If an account is turned over for collections, you will be charged an additional \$20.00 processing fee.

### **Billing Information & Privacy of Your Medical Information**

All co-payments, co-insurance, and deductibles are required at the time of service. Please be advised that your insurance benefits may not cover the services that you are receiving today (i.e. eye examination, glasses, contact lenses, or fundus photography).

The amount that you are paying for these services today **DOES NOT** include what we are billing to your insurance company on your behalf.

If you have **Medicare**, please be advised that **Medicare** DOES NOT cover ROUTINE EYE EXAMINATIONS, REFRACTIONS, or EYEWEAR.