

Our Financial Policy

Welcome to Friedrichs Family Eye Center Optometry. To help serve you better, please read the following regarding our financial policy

1. Payment in full is due at the time of service unless an arrangement has been made prior to your scheduled appointment. We accept cash, check, Visa, MasterCard, Discover. *We do offer CareCredit, a financing plan we offer as a separate line of credit with 90 days no interest, on qualifying accounts.** **How do you plan to pay today?**

Please check one.

CASH CHECK CREDIT CARD INSURANCE APPLY FOR CARECREDIT

2. In order for our office to file your insurance, vision or major medical, you **must submit your social security # and present you insurance card** for photocopying **prior** to starting the exam or office visit and we must be able to obtain authorization for the service. We will kindly supply you with the necessary forms to file for your own re-imbursment from your insurance company.

3. We require full payment for materials at the time the order is placed. In special circumstances a 50% deposit may be made, with the remaining balance due before any materials will be dispensed.

4. In our office, all patients wearing contact lenses receive tests and follow-up care that are above and beyond a comprehensive exam. This contact lens evaluation is referred to as a "Contact Lens Fitting" and is performed on all patients who wear contact lenses, every 12 months and a new contact lens prescription is established, whether or not new contact lenses are purchased.

5. All checks returned by the bank for insufficient funds are sent to a collection agency. Any correspondence, payment, and bank fees will be processed through the collection agency for us.

6. I understand that should my account balance become 30 days past due, my account will begin to accrue interest calculated at \$3.00 per month. I also understand that if the office is required to place my account with an agency or attorney for collection, I agree to be responsible for all costs incurred in the collection of my account, including attorney's fees, interest from the initial statement and all costs. In addition, there will be a 25% service charge added to the outstanding balance.

7. For our insurance patients:

- Although we pre-authorize services and materials prior to your arrival, we are told by your plan that that is not a guarantee of payment.
- If your deductible has not been met, your visit will not be covered any you may be charged today or after billing your plan.
- All co-payments are due at the time of your visit and before any orders are placed.
- In the event that we receive more payment than expected, you will be refunded. Also, if your insurance company has not paid your bill within 60 days, the responsibility for payment will be returned to you.

8. Regarding Medicare:

- Medicare does not pay for the refraction portion of an eye examination. This amount is payable at the time services are rendered.
- Medicare pays 80% of **covered** services after your deductible is met.
- Medicare does not pay for frames or lenses unless the patient has undergone cataract removal surgery.
- Routine eye exams are not covered.

If there are any questions concerning your bill, please do not hesitate to ask. Your signature indicates that you have read, understand, and agree to all of the above policies. As a responsible party, your signature indicates acceptance of the aforementioned policies and authorizations.

Signature: _____ Date: _____

Printed Name: _____

Patient Name: _____ Relationship to Patient: _____