

## The Midwest Center for Sight

Dear Patient,

We find it necessary to explain some terms pertaining to payment for health care in our office.

**REFRACTION:** One of the most important parts of your eye exam today is the refraction. This is the part of the exam which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. It is NOT a covered service by Medicare and many other insurance plans. These plans consider refraction a “vision” service not a “medical” service. Our office fee for refraction is **\$40.00** and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at time of service

I **decline** the refraction service today. I understand that without the refraction, the physicians at The Midwest Center For Sight may not be able to fully assess the health and function of my eyes. **Initial** \_\_\_\_\_

**CO-PAY:** This is a fee predetermined by your insurance company and accepted by you when you sign the agreement with your insurance company. **This co-payment is due at the time of service.** A **\$10.00 billing fee will be added for all services not paid at time of service.**

**DEDUCTIBLE:** This is also a fee that is agreed upon by you and your insurance company, whether it is auto, home or medical insurance that you have prior to your insurance company paying. Unfortunately, the insurance companies credit deductibles by taking that money off payment to our office, therefore that makes us collect the money from you. **This also applies to Medicare patients. When a deductible applies, you will be expected to pay this amount at time of service.**

**Prescription Refills:** Prescription refills will only be given during regular office hours with a 24 hour advance notice.

**Phone Calls:** The office will return phone calls in order of urgency. All calls will be returned within 24 hours.

**Appropriate Conduct:** We have a Zero tolerance policy for any patient who behaves inappropriately to clinical, office staff and physicians, patient will be discharged from our practice immediately. (Ex: cursing, violence, verbal threats, etc.)

### **FINANCIAL ASSIGNMENT AND AGREEMENT:**

- 1) Please remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment. Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. **It is your responsibility to pay any deductible amount, co-insurance, or any other balance not paid for by your insurance. A late fee of \$10.00 will be added monthly until balance is paid in full. In the event your account is turned over to our collection agency, you will be responsible for the balance on your account plus the service charges for the collection agency.**
- 2) I request that payment of authorized Medicare and or insurance benefits be made on my behalf for any services furnished me. I authorize any holder of medical information about me to release to the Health Care Financing Administration, its agents, or any insurance carrier I may have, any information needed to determine these benefits or the benefits payable for related services.
- 3) This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original. **I understand that I am financially responsible for all charges whether or not paid by said insurance.** I hereby authorize said assignee to release all information necessary to secure the payment.

Signed (Patient /parent if minor) X \_\_\_\_\_ Date \_\_\_\_\_