

Financial Policy

****Please Read Carefully****

*****Please Sign on Back*****

Thank you for choosing Bryant Vision Clinic as your eye care provider. We are committed to providing the best care possible to our patients.

Medical Insurance: All patients must furnish and/or update us with valid and current proof of insurance coverage at each visit. If you provide false or expired insurance information you will be responsible for the balance of your claim. Please notify us of any changes in insurance coverage prior to the time of service. Insurance denials for termination of coverage will automatically be billed to you. It is your responsibility to confirm PRIOR to your visit whether we are a participating provider with your insurance carrier. We do not file motor vehicle insurance for claims arising from a motor vehicle accident.

Vision Insurance for Routine Exams: **If a medical diagnosis is recorded and unless otherwise restricted, your medical insurance will be billed for the visit. If you would like your visit to be covered as a routine exam, you must notify us at check-in prior to your exam. We will not re-submit a claim to a vision insurance carrier after the claim has been filed to your medical insurance.** We do not accept all vision insurance plans. It is your responsibility to confirm PRIOR to your visit whether we are a participating provider with your insurance carrier.

Claim Submission: We will submit your insurance claims promptly and assist you in any way reasonable to help get your claim paid. It is your responsibility to comply with your insurance policy and supply any information requested to process the claim.

Referrals: If your insurance plan requires approval from a primary care physician or pre-authorization for services it is your responsibility to obtain this PRIOR to services rendered.

Copayments, Deductibles and Co-insurance: If your insurance requires that you pay a co-pay for specialist care, you will be expected to pay the co-pay at the time of service. We do not bill for co-pays. Deductibles and co-insurance are contractual obligations between you and your insurance carrier. Deductibles and co-insurance are the responsibility of the patient and will be billed to you after settlement from your insurance company. Any questions concerning your particular plan should be directed to your insurance carrier.

Refractions: A refraction is a test to determine if corrective lenses are needed for optimal vision. The results of this test are used by the optometrist to finalize any glasses or contact lens prescriptions. **Refractions are considered a non-covered service by Medicare and most commercial medical insurance carriers. Therefore, we will collect this fee(35.00) at the time of your visit.** If upon submission of the claim to your carrier, your carrier pays for the refraction, you will be refunded amounts previously paid by you for this test.

No Insurance or Out-of-Network Providers: If you do not have insurance or if you have opted to accept services outside of your network, payment will be due at the time of service. If you are unable to pay your balance in full, you will need to make prior arrangements with our Patient Accounts Representative

account. If the account remains unpaid after all attempts by our office to collect, the account will be turned over to an outside collection agency for further debt collection procedures. All returned checks are processed through Check Alert

Optical: Our optical shop offers a full range of glasses and eyewear. It is the patient's responsibility to provide all vision insurance information PRIOR to the time of purchase. We do not accept all vision insurance plans. It is your responsibility to confirm PRIOR to your visit whether we are a participating provider with your insurance carrier. Each vision insurance carrier requires us to use a specific lab for glasses covered under their plan. Therefore, we are unable to go back and file a claim to a vision insurance carrier after the original date of purchase. After an order to make lenses has been placed, we cannot undo the order.

Contact Lens Policy

Payment for all contact lenses must be paid at the time you pick up your lenses. If your prescription is not in stock and must be ordered, please allow 7 to 10 working days for your lenses to come in. A maximum of 3 pair of trial lenses will be allowed for new contact lens wearers or if your lens type changes.

A contact lens fitting fee will be charged for all new contact lens wearers or for any changes in contact lens type. The purpose of the contact lens fitting appointment is to find the most appropriate contact lens for each patient's optimal comfort and vision and to ensure the health of the contact lens wearer's eyes. The charge for the fitting fee will be based on the complexity of the fit, the type of lens required and the contact lens history of the patient. In most cases, insurance companies consider contact lenses to be elective and therefore do not cover the lens or the fitting fee.

Contact lens prescriptions are valid for one year. If it has been a year since your contact lens examination or fitting, you will need to schedule an exam prior to placing your order unless the prescribing physician authorizes otherwise.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY BRYANT VISION CLINIC. I UNDERSTAND AND AGREE THAT THE TERMS OF THE FINANCIAL POLICY MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION.

Signature of Patient or Responsible Person *Date*

We accept Cash, Check, MasterCard, Visa, Discover and American Express.

DR. SHELBY HAVILAND OD

