

**LONG VISION CENTER OFFICE POLICY**

We are committed to providing you with the highest level of service and quality care. If you have medical 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. We provide **MEDICAL and SURGICAL** ophthalmologic care to our patients, as opposed to **routine eye exams**. **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. If refraction is performed, you will be charged for this service.**

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 information including address, phone numbers and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay, coinsurance and deductibles at each visit. We accept cash, checks and all major credit cards for services.

On occasion the staff at Long Vision Center may help you in obtaining a referral however we are not responsible for this. If a referral is not obtained and cannot be obtained before the visit you will have the choice of rescheduling the visit or paying the full fee at the time of the visit.

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 **\$25.00** returned check fee.

**We must be notified PRIOR to your appointment if you plan to use any vision insurance benefits. Office visits billed to vision plans, such as VSP, Block Vision and Superior, must be submitted a particular way. Therefore we must know if you intend to use these benefits PRIOR to or the day of your appointment.**

Patients that arrive **15 minutes** past their scheduled appointment time will be accommodated based upon schedule availability on the same day when possible. When there is no available appointment we will offer an appointment on the next available date.

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 request that payment of authorized Medicare and/or insurance benefits be made on my behalf to Long Vision Center for any services furnished me by them. I authorize any holder of Medical information about me to release to the Long Vision Center, its agents, or any other insurance carrier I may have, any information needed to determine these benefits or the benefits payable for related services. This assignment will remain in effect until revoked by me in writing.

I have read and understand the above financial policy and assignment of benefits.

\_\_\_\_\_  
Signature of patient/guardian/parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of patient

\_\_\_\_\_  
Date