



Financial Policy

Thank you for choosing Mecklenburg Eye Associates as your eye healthcare provider. Our primary concern is that you receive the proper and optimal treatments needed to restore your eye health. We hope that you understand that our credit and collection policies are a necessary part of assuring the financial resources necessary to maintain this vital healthcare facility for our patients and community. Therefore, we have instituted the following financial policy. If you have any questions or concerns about our payment policies, please do not hesitate to contact our business office staff. We ask that all patients read and sign our Financial Policy as well as complete our Patient Information form prior to seeing the doctor.

Payment is due at the time services are rendered. For your convenience, we accept cash, checks, MasterCard, Visa, American Express and Discover.

In the case of insured patients, co-pays and unmet deductibles will be expected at the time services are rendered. We will be happy to process your insurance claim so long as you bring your current insurance card and provide accurate information for filing. In some instances, we may accept assignment of your insurance benefits to us.

Refraction, or the vision test to determine if you need glasses, is a non-covered service for Medicare and most insurance policies, making the patient solely responsible for the charges.

If you have a vision plan in addition to your medical insurance, you must present this information to us at check-in.

Occasionally, patients will come to the office for a routine eye examination and the doctor will find a medical problem. Insurance regulations require that we file the claim with your medical insurance carrier, even if you have a vision plan. This may change your financial responsibility, co-pay and deductible, depending on the specifics of your insurance coverage.

It is your responsibility to make sure we are participating providers for your particular plan.

Your insurance policy is a contract between you, your employer (if applicable) and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company.

All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies select certain services they will not cover. It is your responsibility to determine coverage limitations.



If you belong to an HMO, PPO, POS or other plan that requires a referral from your primary care physician, it is your responsibility to obtain the referral each and every time you come for an office appointment. You may bring the referral or have your doctor send it to us before your appointment. Some referrals may be good for more than one visit. If you do not obtain a referral you may choose to reschedule the appointment or be responsible for full payment at the time of service.

Returned checks will be subject to the maximum allowed returned check fee.

All patient responsible balances older than ninety (90) days will be reviewed and may be turned over to a collection agency or legal counsel. Any costs incurred in collection of an account may be added to the balance.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to contact our business office so that we may assist you in the management of your account. Again, thank you for choosing Mecklenburg Eye Associates as your provider of healthcare services. We appreciate your trust in us and the opportunity to serve you.

Patient's Name _____ Date _____

Patient/Guarantor Signature _____

By my signature I indicate that I have read this policy, understand its content, agree to its provisions and am the party financially responsible for the above named patient.