

WELCOME TO OUR OFFICE
Eye 2 Eye Optometric Center, PC

We provide the highest quality professional eye and vision care for our patients. In return for our uncompromising standards and service, we ask that our patients keep their accounts current. Please read, initial and sign the following **FINANCIAL POLICY**. If you have any questions please feel free to ask us.

Patients are expected to pay in full at the time services are rendered, and/or eyewear is ordered. We do accept Visa and MasterCard to aid in your budgeting of expenses. You are responsible for paying your account in full within 30 days, even if you have not returned to pick up your eye wear. After 30 days, balances are considered delinquent, and are subject to a billing charge. We appreciate you notifying us at least 48 hours in advance if you should need to change your appointment with us. Appointments missed without a minimum of 24 hours advance notice are subject to a cancellation fee of \$25.00. _____ (initial)

If you have vision coverage for routine eye examinations or medical coverage for problem visits with a company with which we have an agreement (VSP, ECPA, Aetna, Cigna, and Anthem) AND you bring us a current insurance card on the day services are rendered, we will gladly accept contracted payments from your plan directly. Routine eye examinations may result in prescriptions for eyeglasses; contact lens examinations incur additional fees, and are not usually covered by your insurance. Likewise, medical conditions such as “lazy eye,” diabetes or headaches may necessitate additional tests beyond the scope of your vision coverage or initial referral form. Co-payments and overages are due on the day the services are received and materials ordered. If you notify us *after* services are received, that you have Insurance Coverage, then we will supply you with a coded receipt that you can submit to receive reimbursement directly from your plan. _____ (initial)

When a health condition exists, the fees for medical testing can be submitted to your Major Medical insurance or Medicare. (Major Medical and Medicare generally will not cover routine examinations, nor measurements taken for eye wear unless you have a vision coverage rider. Medicare will as a rule, pay for one pair of eye glasses after cataract surgery is performed, patients will be responsible for any overages not covered by Medicare.) If your visit might be covered under major medical, we will give you a coded receipt you can mail to your insurance company for reimbursement. The insurance company will reimburse you directly, not us, unless you are in a contracted plan listed above. Please remember that it is YOUR responsibility to ensure that all referral and certification procedures are followed. *These procedures may require a referral from your Primary Care Physician, in which case you MUST bring the referral form, your current insurance card, and pay any applicable co-payments. Your Doctor’s office may fax the referral; however we must have referral 24 hours prior to your scheduled appointment. If the proper referrals are not obtained and brought in, your appointment will be rescheduled. This is done to ensure that you will be covered for your services and your claim processed.* _____ (initial)

The Health Insurance Portability & Accountability Act of 1996 (“HIPPA”) is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. As required by “HIPPA”, we have prepared a “Notice of Privacy Practices Policy”. This explains how we are required to maintain the privacy of your health information and how we may use and disclose your health information. A copy of this policy is available to you at your request and on our website. _____ (initial)

Communication is the key to good relationships. Please feel free to ask any questions you have and we will be happy to help you.

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Please sign below:

With this signature on file, I am also permitting Dr. Gada’s staff to submit charges to my insurance company for reimbursement.

Signature

Date