



OFFICE AND FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to your evaluation and treatment being successful; therefore, proper patient registration is important. The following is a statement of our office policies that we require you to read and sign prior to your visit.

MINOR CHILD: It is required that the legal guardian accompany their minor child to each appointment. If the legal guardian cannot be with the child at the appointment, a written consent form must be brought with the person accompanying the child giving them permission to bring the child to his/her appointment. Payment arrangements need to be taken care of prior to or at the time of the scheduled appointment. If there is more than one child from the same family, we must have separate consent form for each child for their individual charts. The adult accompanying the child must also bring a copy of the child's current insurance card.

INSURANCE: We contract with several, but not all insurance plans. For those we do not contract with, we accept assignment of benefits. It is your responsibility for the balance of charges whether your insurance company pays or not. We cannot bill your insurance company unless you give accurate insurance information, including a copy of your current insurance card. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. We ask your cooperation in keeping our practice informed of any information or payment you receive from the insurance company. Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Please be aware that some, or perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under the Medicare program and/or your medical insurance. If the doctor does a refraction to check for glasses prescription, and it is not a covered benefit of your insurance plan, you will need to pay the refraction fee at the time of your visit.

CO-PAYS AND REFERRALS: If you are enrolled in a managed care plan (HMO or PPO) that we are contracted with, you are required to pay the co-payment each time that you are seen. This must be paid at the time you check in for your appointment. If you are not prepared to pay the amount you agreed to in your insurance contract, the visit must be rescheduled.

If your insurance plan requires a referral, you must have a completed referral form or number with you at the time of the appointment. If you arrive without your referral your options will be: 1) Reschedule your appointment or 2) Pay for the visit at the time of service.

RETURNED CHECKS/CREDIT CARDS: I understand there will be a \$30.00 fee for all checks returned by my bank due to insufficient funds and I agree to immediately make payment, in cash or money order, upon notification that my check has not cleared my bank.

If there is a credit card number and account on file, I agree that SPECS, LLC may charge remaining balances, after insurance contracts and prior payments, to my credit card on file.