

# Financial Policy



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Thank you for choosing us as your eye care provider. We are committed to providing you with quality and affordable vision care. Please understand that the payment of your bill is considered a part of your treatment. The following statement explains our Financial Policy, which we ask you to read, sign and return to us prior to your treatment.

- All patients should provide complete personal and insurance information prior to being seen by the doctor.
- All applicable co-pays, personal balances, both current and prior, are due at time of service.
- We accept cash, check, Visa, MasterCard and Discover.

## Regarding Insurance

We participate in most insurance plans. For a complete list, please speak with our front desk staff. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. We will do our best to obtain accurate information regarding your eye care benefits. Please contact your insurance company with any questions you may have regarding your coverage.

## Non-Covered Services

Please be aware that some of the services you receive may not be covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of your visit and we will do our best to make you aware of non-covered services before you see the doctor.

## Co-Payments & Deductibles

All co-payments and deductibles are responsibility of patients. Payment is due at time of service or according to the arrangement with your insurance company.

## Past-Due Accounts

Overdue accounts will be referred to a collection agency. Legal fees that we pay to secure past due balances will be added to your account. Checks returned for non-sufficient funds must be paid in full within 10 days or are turned over to Fayette County Attorney's Office and subject to applicable fees. For checks returned to us as unpaid by your bank, we will charge a \$15.00 fee. These payments must be made in the form of cash, Visa, MasterCard and Discover.

## Claim Submission

We will submit your claims and assist you in any way we reasonably can to help get your claims paid. If we are not able to collect payment from your insurance company within 60 days, you will be asked to pay the remaining balance within 30 days. Please remember that your insurance benefit is a contract between you, your employer, and your insurance company. You are personally responsible for any bill, or portion thereof, not paid by your insurance company.

## Usual & Customary Rates

We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region and specialty. If you do not have the ability to pay, help through a state agency or program may be available. Our staff can provide details.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines.

SIGNATURE

DATE