

FINANCIAL POLICY FOR
COMPREHENSIVE EYECARE PHYSICIANS

We appreciate you choosing Comprehensive Eyecare Physicians for your eye health needs. We are happy to serve you, and look forward to a long relationship with you, our valued patient. Your clear understanding of our practice's financial policy is important to our professional relationship.

Our office, as a courtesy, will file insurance claims based upon the information you have provided us. It is your responsibility to provide us with complete and accurate information. You will be asked to provide the information on an annual basis. Failure to provide information necessary and required by your insurance company will result in denial of your claim. Insured patients are expected to know their plan requirements and provide information at the time of service. If your claim is denied, it becomes your responsibility to pay the balance in full.

In order to serve you efficiently, we have instituted the following policies.

1. At each visit, we will ask to see your insurance card and picture ID
2. At each visit, we will ask you to review your registration.
3. At each visit, we will do our best to determine if Comprehensive Eyecare Physicians is a provider for your insurance. It is ultimately the responsibility of the patient to know whether Comprehensive Eyecare Physicians is in-network with their insurance plan.
4. At each visit, we will require payment of the following:
 - a. Any plan co-pays
 - b. Any previous old balances
 - c. Current deductible- most insurances are verified in real time. We will inform you of any deductibles that are your financial obligation and request payment of all or part of that deductible at that visit
 - d. Non-covered and Out of Network medical services that are considered by your insurance company to be non-covered, out of network or not medically necessary will be your responsibility.
 - e. Self-pay patients will be required to pay for services at the time of visit.

CEP reserves the right to add a collection fee to your unpaid balance if the matter is sent to a collection service bureau. In instances where it is deemed necessary, we reserve the right to refer uncollected balances to an outside collection agency. By keeping lines of communication open and providing accurate information, you can be sure that your claims will be handled promptly and efficiently.

By signing below, I understand and I agree that I am ultimately responsible for payment of services provided to me. My signature below authorizes Comprehensive Eyecare Physicians to release the information necessary to facilitate the payments of Eyecare claims.

Signature of Patient

Date