

## FINANCIAL AGREEMENT

Mack Eye Center's goal is to provide and maintain a good physician-patient relationship. Advising you of our office policy in advance allows for improved communication and enables us to achieve our common goal. Please read this policy carefully and if you have any questions, do not hesitate to ask our staff. Thank you in advance.

- It is your responsibility to understand your health insurance plan benefits regarding all services.
- According to your insurance plan, you are responsible for any and **ALL** co-payments, deductibles and co-insurances (**due at the time of service**).
- If our physicians are out of network or you do not have insurance, payment is due in full, at the time of service.
- Patient balances are billed immediately upon receipt of your insurance company's explanation of benefits. Your payment is due within 30 days upon receipt.
- Accounts with balances over 60 days past due will be turned over to a collection agency. If your account is in collections, there will be an additional 50% fee charged to your balance.
- If our account is in bad debt or assigned to a collection agency, NO future routine appointments will be scheduled until the balance is paid in full.
- In an effort to serve you better, we require a 24-hour notice for canceling appointments, otherwise a \$75 fee will be charged. This NO SHOW charge is NOT reimbursable by your insurance company. You will be billed directly. If a 3<sup>rd</sup> no show or cancellation/reschedule with no 24 hour notice should occur the patient may be dismissed from Mack Eye Center. Patients arriving more than 15 minutes after their appointment time may be asked to reschedule.
- A \$30 fee will be charged for any returned checks, due to insufficient funds.
- A refraction (a test used to measure the refractive error of your eyes) is typically not covered by medical insurance. It is your responsibility to understand your insurance coverage and that you will be held responsible for the \$55 charge, even when it is necessary for your treatment to have this test. If you would like to opt out of this test, please let the technician know at the beginning of your exam.
- If you have any forms for the physician to fill out, such as FMLA, Disability, etc. there is a \$25 fee for completion of these forms. Payment is due when forms are delivered. There is a one-week turnaround time for these types of forms. Please note: this form must be signed for treatment and visits at Mack Eye Center.

## DISMISSAL OF PATIENTS FOR FINANCIAL REASONS

Patients can be dismissed from the practice for a number of reasons, including the following financial situations:

1. Collection Agency Turnover will result in a dismissal from the practice if a patient fails to pay his or her balance within the 30day turnover.
2. Expedited dismissal occurs when a patient is not honoring his or her financial responsibilities. All patients should be given at least 30 days' notice before being dismissed from the practice unless instructed otherwise by the physician.

I \_\_\_\_\_ have read and understand this financial agreement.

Patient name: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_ Date: \_\_\_\_\_