

Dr. Theresa M. Nemeth, O.D., Inc.

Financial Policy

We are committed to providing you with the best possible vision care. In order to achieve this goal, we need your assistance, and understanding of our payment policy. The following is a statement of our Financial Policy, which we require you to read and sign.

FULL PAYMENT IS DUE AT TIME OF SERVICE

We accept cash, check, Visa, MasterCard, and Discover.

There is a \$35.00 fee for returned checks; after which, checks will no longer be an accepted form of payment.

Insurance Policy

- If you do not have insurance, payment in full is expected at the time of service.
- If we are not a participating provider for your insurance, we will be happy to provide you with an itemized receipt for your possible reimbursement.
- If we are a participating provider for your insurance, we will accept assignment of benefits. **Ultimately, you are responsible for the fees regardless if the insurance company pays or not. The benefits quoted to us by your insurance company are not a guarantee of payment.** Your insurance is a contract between you, your employer (if appropriate), and the insurance company. We are not a party to that contract. **Payment is due at the time of service for any non-covered services, deductibles, or co-pays as required by your insurance company. Not all services are a covered benefit in all contracts.**
- We must emphasize that as vision care providers, our relationship is with you. We will assist you with your insurance claims as a courtesy we extend to our patients.

Note: In order to prevent unnecessary delays in claim submission and processing, we require all insurance cards (both vision AND health) to be presented at each time of service. **If we do not have correct information, you will be billed for the total amount of services.**

Please be sure to supply the staff with accurate information regarding guarantor, address, and telephone number(s).

Orders

All eyeglass lenses and contact lenses are custom made to your prescription and therefore orders cannot be cancelled. **All orders must be paid in full at the time order is placed.**

Collections

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. Un-paid accounts that are 90 days past due, are subject to collection action. Any account turned over to collection would cause a breach in the physician/patient relationship. This will result in discontinued services until the account balance has been resolved. Patient accounts are recognized to include any and all immediate family members living within the same household.

Exception: Non-related adults, emancipated children or children who have turned 18 years old.

Divorce

In the situation of a divorce or separated family, the adult who brings the child to his/her appointment, is their financial guardian for that visit. Payment policy is the same as stated above.

Missed Appointments

As a courtesy to our patients, we require **at least 24 hours** advanced notice for missed and rescheduled appointments. This will allow us to better serve all of our patient's vision needs.

If you have any questions about the above information, or any uncertainty regarding insurance coverage, PLEASE don't hesitate to ask us. We are here to help you.

I have read all the information above and on the history form and have completed the answers. I certify this information is true and correct to the best of my knowledge. I will notify you of any change in my health status or the above information.

Signature: _____

Date: _____

Parents Name (If Patient is a Minor): _____