

Patient Financial Policy for Solano EyeCare Optometric Professionals

Patient Name: _____

Date: _____

All fees for services are due at the time they are rendered in our office.

If you have an insurance plan, please bring your valid insurance card at every visit and as needed throughout your care in order to properly bill your insurance. Any outstanding balances, deductibles, co-insurance and non-covered services will be due on the date of service.

Commercial Insurance: We are providers for and will bill for you the following insurance carriers: VSP, Anthem Blue Cross PPO, Cigna PPO, Cigna Open Access Plus, MES Vision, and United Healthcare. Any outstanding balances, co-payments, and deductibles are due at the conclusion of your appointments. Since your agreement with your insurance is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for your claim. If an insurance carrier has not fully paid within 60 days of billing, fees are due and payable in full from you.

Medicare: Our office is a Medicare Provider and we will bill Medicare for you. The exception is Medicare HMO plans which we are not providers for and cannot bill. You will be financially responsible for your annual deductible and for co-payments representing 20% of the allowable Medicare fee for services provided. We will bill your secondary insurance if you provide us with valid insurance information, however we are not responsible for securing reimbursement from a secondary insurance company. If an insurance carrier has not fully paid within 60 days of billing, fees are due and payable in full from you.

After Hours Service: Additional fees for after hour visits are not covered by insurance plans.

HMO: Our office does not participate in any of the HMO groups and cannot bill these insurance carriers. This includes Medicare HMO plans.

Cancellation Fees / Returned Check: Missed appointments or those not cancelled within 24 hours advance notice will be subject to a \$50 charge. Returned checks are subject to a \$25 fee. If checks are not paid within two weeks of being returned to our office, we will report them to the Alameda County District Attorney Bad Check Program. Balances older than 60 days are subject to additional collection fees and interest charges.

Methods of Payment:

Our office accepts cash, personal checks, Visa / Mastercard, and Discover.

If payment is not made according to these terms, the patient understands that our office reports to an outside collection agency. In the event that your account is turned over for collections, patient agrees to pay all additional fees assessed in the collection of the debt. These fees include collection agency fees and attorney fees.

The patient is ultimately responsible for all fees for services and materials. I have read, understood, and agreed to the above financial policy for payments of professional fees.

Signature: _____

Date: _____