

# Tallmadge Family Eye Care FINANCIAL POLICY

- **Co-pays** are due at time of service. In accordance with your health insurance policy, your co-pay is to be paid at the time of your visit.
- If you do not have health or vision insurance, payment must be made in full at the time of service. A driver's license or other identification will be required for all self pay accounts. Note: until insurance plan eligibility is verified, your account will remain as **self pay** and you will be required to make payment at the time of service.
- **Self Pay Time of Service Discount** – If you are a self pay patient and pay in full at the time of service, you will receive a 20% discount on the services at your office visit (excluding optical purchases).
- 50% of the cost of any Glasses Frames, Glasses Lenses, Contact Lenses or other optical materials must be paid before any orders will be placed.
- If insurances are being used toward the purchase of Glasses Frames, Glasses Lenses, Contact Lenses or other materials, 100% of the remaining patient obligation must be paid before any materials will be ordered.
- Glasses Frames, Glasses Lenses, Contact Lenses or other optical materials must be paid for in full before any materials will be dispensed to the patient or other responsible party.
- Reasonable attempts will be made to contact the patient for pick-up when materials have been received by Tallmadge Family Eye Care; however, the patient is ultimately responsible for arranging pick-up of any ordered or purchased items. Tallmadge Family Eye Care cannot be held responsible for disconnected phone numbers, clerical errors, or other impediments to contacting the patient in a reasonable manner. Tallmadge Family Eye Care may, at its sole discretion, attempt to mail to patients any items which have been paid for in full. However, Tallmadge Family Eye Care is under no obligation to do so, and may charge the patient for any associated shipping and handling fees incurred in so doing.
- Any materials that have been ordered, whether paid for in part or in full, will be held for no more than 90 days from the original order date. If materials are not paid in full and claimed within 90 days, any Glasses Frames, Contact Lenses or other materials may be:
  - returned to the manufacturer for any eligible refunds
  - returned to Tallmadge Family Eye Care inventory
  - disposed of.Any unclaimed materials will be returned or disposed of 90 days after the original order date and the patient will still be responsible for the payment in full.
- **Your balance is due in full upon receipt of your monthly statement.** This includes co-insurance, deductible, services not covered by your insurance policy and services billed to your insurance company however not paid after repeated attempts by our Billing Office to resolve the disputed claim. You are responsible for working with your health insurance company should they request additional information from you for claims to be paid.
- **Returned Checks** – For each NSF check, our fee is \$45.00. If we receive an NSF check, we will not accept another personal check from you until the NSF fees are paid and a payment for the returned check has been made. If we receive two (2) returned checks on an account, we will no longer accept personal checks.
- **Failure to make your payment in full**, or as arranged, may result in your account being turned over to a collection agency. If your account is sent to collection, it may appear on your credit report. Your healthcare services relationship with Tallmadge Family Eye Care, LLC and your physician may be impacted as our policy is to dismiss patients and their household members from all physicians and services of the practice.
- **Refunds:** Patient/guarantor credits will be refunded in accordance with the policies established with our Billing Office.

I have read and understand the Tallmadge Family Eye Care Financial Policy. I agree to assign insurance benefits to Tallmadge Family Eye Care whenever necessary.

Signature of Insured or Authorized Representative: \_\_\_\_\_

Date: \_\_\_\_\_