

EAST VALLEY OPHTHALMOLOGY, LTD.

7525 East Broadway Road
Mesa, Arizona 85208

CREDIT POLICY AND FINANCIAL AGREEMENT

- Each patient, *and not their insurance company*, is responsible for the payment of all charges. Payment is customarily made at the time that services are rendered, unless special arrangements are made in advance. If one of our doctors is a participating physician for your primary insurance plan, payment for any deductibles, co-pay amounts and non-covered services will be due at the time of service.
- It should be remembered that eye examinations, or certain other ophthalmic services, are not always covered by every insurance company. Even within the same insurance plan there may be many individual variations. It is your responsibility to know whether or not your insurance plan will cover the services that you receive in our office. It is simply not possible for the staff of this office to know how each and every individual insurance plan works.
- A refraction (the measurement of your eyes for a glasses prescription by either the doctor, or one of the ophthalmology technicians) is typically *not a covered benefit of your insurance plan*. In the course of your examination, when it is necessary to perform a refraction, it is with the understanding that you will be held financially responsible for this charge.
- This office accepts assignment for Medicare patients. However, each patient is responsible for payment of all non-covered costs. Examples of non-covered Medicare services would be: the refraction for glasses that is part of almost every comprehensive eye examination, the annual Medicare deductible, and any remaining balance of Medicare allowable fees not covered by a supplemental insurance plan. It is important to understand that when a participating physician accepts assignment from Medicare, it does not mean that whatever Medicare pays is to be considered payment in full. Medicare has never paid 100% of any charge. Many other insurance companies follow this same basic philosophy. The Stark II legislation, recently passed by the United States Congress, prohibits this office from extending courtesy discounts and/or professional write-offs.
- Payment on all accounts billed is expected within 30 days. If payment is not received within 30 days, a monthly administrative fee may be added to your account to partially defray postage and other office costs generated by multiple billings.
- By signing below, I agree to the above terms and I agree to pay any collection costs and/or reasonable attorney's fees, if a delinquent balance is placed with a collection agency and/or attorney for collection, or suit.

ASSIGNMENT OF BENEFITS

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and any other health plan to East Valley Ophthalmology, Ltd. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original. I understand that I am financially responsible for all charges, whether or not these charges are paid by my medical insurance. I hereby authorize East Valley Ophthalmology, Ltd. to release any and all information necessary to secure payment.

Signed _____

Date _____