

CENTER FOR SIGHT OFFICE AND FINANCIAL POLICIES

Health insurance is complex and can create frustration for many patients. In order to avoid any unexpected costs for your medical care, we ask that you please read these policies carefully.

1. All services performed during the course of your Medical or Vision exam, including Imaging and Diagnostic testing, have an associated charge. You are responsible for payment at the time of your appointment. If you would like us to bill your insurance on your behalf, we require that you provide accurate and complete information before your visit. We are happy to answer any questions you may have about the exam or the testing performed.
2. Your signature below authorizes us to bill your insurance, release of any medical information requested from the payer to process these claims, and assigns payment of medical benefits to Center for Sight on behalf of your physicians.
3. Co-payments/co-insurance and deductibles are due at the time of your visit. Payments made via credit card after July 1, 2023 will be saved securely on our credit card merchant system for future payments. *Your card will not be charged without your verbal authorization to do so.*
4. We participate with many carriers, however, it is your responsibility to verify benefits with your insurance company prior to your visit, including the physicians enrollment status with your plan. If your insurance company requires you to use a specific laboratory and/or facility, please inform us.
5. If you have an HMO, your plan requires that you obtain a referral from your primary care physician prior to your visit. If you do not provide us with a referral prior to your visit, some insurance companies require us to reschedule your appointment.
6. If your insurance company fails to pay your bill within 90 days, the bill may be transferred to you.
7. If you fail to make prior arrangements with us and your account balance extends beyond 90 days in arrears, your account may be turned over to a collection agency.

OFFICE FEES

8. Special evaluation and assessment of contact lenses is not part of a standard eye examination. Our fee begins at \$55.00 for this evaluation and is dependent upon the specialty of the contact lens involved.
9. There will be a \$25.00 fee charged for all checks returned to us due to insufficient funds.
10. A refraction is required in order to determine a proper eyeglass prescription; however, Medicare and many insurance companies do not cover this cost. If a refraction is performed as part of your exam, a fee of \$30 will be billed.
11. Due to limited appointment availability, if you're unable to keep your appointment we ask that you cancel 24 hours in advance. A \$50 No Show fee will be charged in the absence of a cancelation.
12. State and federal laws specify a reasonable fee may be charged to offset the cost associated with the reproduction of records. Our fee is currently \$25.00 for handling and \$.10 per page for copies. This amount is less than what is allowed by Mass. Law.

ADDITIONAL NON-FINANCIAL OFFICE POLICIES

13. Patients under the age of eighteen will not be seen unless accompanied by a parent/guardian, unless we receive a signed authorization from the parent/guardian, which allows the physician to provide medical treatment.
14. As Healthcare providers we value the safety and wellbeing of our patients and staff. We ask that you behave in a respectful and appropriate manner. Harassment, abusive or exploitive language and/or behavior is prohibited.

I hereby acknowledge having received a copy of Center for Sight's Office Policies.

Signature of Patient/Guardian

Date

Patient's Printed Name

Date of Birth