

## Office Policies

So that you do not incur unexpected and/or unnecessary costs for your medical care, we would like to inform you of our office policies. Many of these policies have been established due to insurance company regulations.

1. Co-payments are due at the time of your visit. We accept cash, checks and credit card payments for your convenience. Medicare is accepted, however, a co-payment is required unless you have a secondary insurance.
2. If you are in an HMO, your insurance company 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 until authorized by your primary care physician
3. We participate in many managed care plans, however, it is your responsibility to verify coverage of benefits with your insurance company prior to your visit. If your insurance company requires you to use a specific laboratory and/or facility, we must know this in advance to refer you to the appropriate facility.
4. We will be happy to process your claim with your insurance company (ies), provided we have accurate and complete information.
5. We will assist you with obtaining any necessary pre-authorization needed to schedule surgery.
6. You are responsible for any charges incurred as a result of your visit. 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.
8. If you have no insurance, payment is expected at the time of service.
9. There will be a \$20.00 fee charged for all checks returned to us due to insufficient funds.
10. Medicare and many insurance companies do not cover refractions. A refraction is the part of the exam that determines the need for your proper eyeglass prescription. Our office fee for refraction, if done, is \$15.00 and is due at the time of the visit.
11. 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.
12. Special evaluation and assessment of contact lenses is not part of a standard eye examination. Our fee currently begins at \$35.00 for this evaluation and is dependent upon the specialty of the contact lens involved.
13. 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 \$15.00 for handling and \$.10 per page for copies. This amount is less than what is allowed by Mass. Law.

We make every effort to deliver excellent eye care. Health care insurance is often complex and we believe a clear understanding of our mutual responsibilities will help us in this effort. Please ask if you have any questions about our office policies. We appreciate your input and will be happy to assist you.

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

\_\_\_\_\_  
Signature of Patient/Guardian

\_\_\_\_\_  
Date