



WASHINGTON EYE INSTITUTE, LLC
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FINANCIAL POLICY

At Washington Eye Institute, LLC, we are committed to providing you with the highest level of service and quality care. As a courtesy, we will file a claim to your insurance company for you. Please provide our practice with your insurance information, including photo ID and your insurance card to help you receive your maximum allowable benefits. Please understand that all financial liability rests with the patient and not the insurance company. This means that the patient is responsible for any payments that are not paid by the insurance company.

Insurance companies and Non-covered Services:

Our office participates with many major insurance companies. It is a patient's / parent's /guardian's responsibility to:

- Be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles.
- Find out from his/her insurance company whether or not the insurance company will cover the service being provided.
- Bring all of your current insurance cards to all visits.
- Provide our practice with current information including address, phone numbers and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay and/ or deductibles at each visit.

We accept cash, checks and most major credit cards for service.

- Evaluation and purchasing of contact lenses are frequently not covered by insurance companies, which our practice participates with. Full payment is due from the patient when ordering contact Lenses.
- Most insurance companies, including Medicare, do not cover refraction. Our office fee for refraction is **\$50.00**, and this fee is collected at the time of your visit in addition to any co- payments and/or deductibles.
- We provide medical, surgical and cosmetic ophthalmologic care to our patients and while we provide routine eye examinations -- when the patient has no medical complaints, we do not accept ANY vision plans or bill health insurances for these exams. You may submit a claim to your insurance to try and seek reimbursement for routine services. Our charges for examinations are available upon request.

If you do not have a medical complaint you may be financially responsible for all charges at the time of service.

Outstanding Balances:

We appreciate prompt payment in full for any outstanding balance. If your account is turned over to a collection agency, you agree to pay fees imposed by the collection agency in order to collect the overdue amount. Any check payments that do not clear the bank will be subject to a \$25.00 returned check fee.

Referrals:

If you have a managed care plan that requires a referral to see a specialist, you *must* obtain a referral in order for your visit in our office to be covered under your medical insurance. If you do not have a valid referral and still wish to be seen, you will be asked to sign a waiver and pay for the visit prior to your examination. If you receive a prescription for glasses or contact lenses you will be charged \$50.00 which is payable at the time of the visit.

Forms:

There is a charge for completing various forms, including DMV visions forms. Pre-payment is required for completing forms, or for extra written communication by the doctor.

Minors/ Dependent Patients:

For all services rendered to minor/dependent patients, we will look to the adult for payments accompanying the patient and/or the parent or guardian with whom the child resides. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. We request that you inform the subscriber that their insurance has been used.

Your signature indicates that you have read, understand and agree to the financial responsibilities policies and procedures of our office.

Signature of patient/guardian

Date

Printed name of patient