

## **Prairie Eye & Lasik Center Financial statement**

Payment for services rendered (**includes insurance co-pays**) is expected at the time of service, unless insurance states billable / covered. Payment arrangements are available for professional services and must be discussed with the billing department prior to receiving services. We accept Visa, MasterCard, Discover, American Express, Check and Cash as payment for services.

Prairie Eye & Lasik Center, LTD will file any necessary claims on your behalf to your insurance carrier (providing that we are participating with the plan). It is your responsibility to verify coverage with your insurance company prior to receiving services by calling the 800 member services #, located on your ID card. Please remember that your insurance is a 'contract' between you and them and we file claims only as a courtesy. Any balance due whether your insurance carrier pays or denies is ultimately your responsibility.

Payment for glasses or contacts is expected at the time of service/dispensing. It is company policy that 50% is paid for glasses at the time in which they are ordered, and the remaining 50% is paid before product is dispensed/picked up. It is company policy that 100% be paid for contact lenses prior to dispensing.

Balance billing statements are generated / mailed monthly and are payable by the date printed. Should you be unable to pay by the due date, it is asked that you contact the business office to set up other arrangements to prevent any misunderstandings. In the event that the balance remains unpaid our business office will contact you. Prairie Eye & Lasik Center does not assess monthly interest on unpaid balances. HOWEVER in the event the balance remains after reasonable attempt (usually 60 – 90 days) to contact you (either by mail, phone, letter, etc) Prairie Eye & Lasik Center reserves the right to refer the account to collections. Should the account be referred to collections, the Collection Agency retained by Prairie Eye & Lasik Center, LTD will assess additional fees deemed necessary in collecting the unpaid balance and you can and will legally be held liable for such fee.

There is a \$30.00 charge for Missed appointments (**non-billable to insurance**) to the patient's account if the office is not notified in 24 hours prior to the scheduled appointment time. Prairie Eye & Lasik Center may reserve the right to refuse treatment at any time in the event of failure to keep scheduled appointments and to follow Ophthalmologic / Optometric recommendations. \*\*\*Emergency cancellations are understood and are waived. **Please be advised if an interpreter has been scheduled for your appointment and you do not show for the appointment, you will be held liable for the interpreter bill charged to Prairie Eye Center, LTD.**

There is a \$20 minimum payment fee for the transfer/copy of your medical records.

There is a \$25 fee charged in addition to any bank fees incurred for any checks returned for insufficient funds.

### **Authorization and Release**

\*I authorize the release of any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such care to third party payers, and/or other health practitioners.

\*I authorize and request my insurance company to pay directly, to the doctor or doctor's group, insurance benefits otherwise payable to me.

### **Acknowledgement of Receipt of Privacy Practices**

My signature below constitutes an acknowledgement that I have read and understand the above policies as well as at any time I may (by individual request) request a copy of the Prairie Eye & LASIK Center's Notice of Privacy Practices which outlines how my health care information is used and shared with others.

### **Patient (if over 18 years of age)**

X \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### **Guarantor signature**

X \_\_\_\_\_ Dated: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_