EYE CARE CENTER OF ROME FINANCIAL POLICY

Thank you for choosing The Eye Care Center of Rome for your optical care. We are committed to building a successful physician patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship.
Please understand that payment for services is a part of that relationship.
Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e., address, name, insurance information, etc).

Co-pays
The patient is expected to present an insurance card at each visit. All co-payments and past due balances are due at time of checkout unless previous arrangements have been made with our billing coordinator. We accept cash, check or credit cards. Absolutely no post-dated checks will be accepted.
All returned checks will have a processing fee of $35 added to your balance.

Insurance Claims
Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in the patient being responsible for the entire bill.
Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits, therefore any fees not paid by your insurance company are ultimately your responsibility.

Referrals and Preauthorization's
Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from you Primary Care Provider (PCP) before visiting a specialist.
If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company, and the balance will be your responsibility. Alternative payment arrangements or rescheduling of your appointment may be necessary if not obtained.

Outstanding Balance Policy
It is our office policy that all past due accounts be sent two statements. If payment is not made on the account a single phone call will be made to try to make payment arrangements.
If no resolution can be made, the account will be sent to a collection agency.

No Show Policy
We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us, and arrive on time. If you no show for any appointment with us a $25 fee will be charged to your account.

_____ _____
Signature of patient/responsible party **Date**

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us. On 315-337-3277.