FINANCIAL POLICY

Please read and initial each statement. If you have any questions, please ask.

__________Ophthalmic services are provided for medical care (eye disease or injury) as well as vision care (difficulty seeing the eye chart, blurred vision, myopia, hyperopia, and/or astigmatism). Benefits for eye exams are based on a patient's diagnosis. Your plan may only consider payment for medical care and **may not include vision care**. This includes vision exams referred by primary doctors, pediatricians, and school nurses.

__________We do not participate with vision plans – your medical insurance may offer a separate vision plan with which we do not participate.

__________The patient must provide us with valid insurance cards and valid referrals **at the time** of the office visit. Any unpaid visits because insurance cards and/or valid referrals were not provided, will become the patient's (parent/guardian) responsibility.

__________With most insurance plans, referrals are not valid for vision care unless you are being referred for a medical condition or disease.

__________A **refraction** is done to determine whether an initial prescription needs to be given or an existing prescription needs to be changed. **This part of the exam is billed as separate procedure with an additional charge.** If the refraction is not covered by your insurance plan, the patient (guarantor) becomes responsible for payment.

A DIAGNOSIS WILL NOT BE MODIFIED TO FIT YOUR PLANS BENEFITS.

By signing below, I acknowledge that I am financially responsible for all charges including any copays, deductibles, non-covered/denied services or any charges not paid by my insurance company.

I hereby assign all insurance benefits to which I am entitled including Medicare and/or any other insurance or health plans to Columbus Eye Clinic.

I authorize Columbus Eye Clinic to release all information necessary to secure payment of benefits. I authorize the use of this signature on all insurance claims.

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Signature **Relationship to Patient** **Date**