



## Financial Policy

We are dedicated to providing the best possible care and service to our patients, and regard complete understanding of your financial responsibilities as an essential element of your care and treatment. We have adopted the following financial policies to best serve and inform our patients. If you have questions regarding these policies, please discuss them with our Billing Specialist or one of our Patient Representatives.

- Your doctor will determine if your eye exam will be billed routine or medical and will discuss their findings with you at the conclusion of the exam. If a medical condition or concern is discovered or discussed during your exam, we are required to bill the exam to your medical insurance.
- A refraction is the testing needed to determine your eyeglasses prescription and is considered a routine service. Therefore, medical insurance may not cover this service and it may be patient responsibility.

**\*Please see our Routine vs Medical education sheet in office and on our website for more details\***

- If your exam is billed medically, you can still use your vision plan benefits to purchase glasses and/or contact lenses and we are happy to help you utilize your benefits for materials.
- Full payment for treatment and services is due at the time of service unless your health insurance carrier has made prior arrangements for us to accept assignment of benefits.
- Accepting assignment of benefits means that we will bill your insurance plan and will only require you to pay the authorized copayment and any known non-covered services at the time of service. This will be collected when you checkout after your appointment.
- For your convenience we accept cash, checks or credit cards (i.e.; VISA, Mastercard, Discover and American Express.) We also offer Care Credit as a financing option.
- If your insurance requires a referral or prior authorization, it is your responsibility to provide the referral or prior authorization to our office prior to seeing the doctor.
- In the event that your health plan determines patient responsibility (ie: copay, coinsurance, deductible, non-covered service, etc.) upon processing your claim, you will be responsible for that charge. Payment is due upon receipt of a statement from our office. Any payments not received within 30 days may be subject to a \$5 late fee.
- We have the right to forward unpaid balances to a third party. If the balance is forwarded, a collections fee of 30% may be added to the current balance.
- Crystal Vision Clinic requires 24 hours notice for cancellation or reschedule of scheduled appointments. We reserve the right to charge a \$150.00 fee if notice is less than 24 hours in advance or you fail to keep your appointment without notice.

**By signing below, I authorize Crystal Vision Clinic to bill the Eye Exam appropriately to insurance, based on the results of the exam. I have read and understand the above financial policies. I understand that I am responsible and agree to pay for any unpaid deductibles, copays, coinsurance, and non-covered services.**

\_\_\_\_\_  
Patient or Guardian Signature

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Date