WHEATON EYE CLINIC FINANCIAL POLICY

Wheaton Eye Clinic is committed to providing you and your family with quality ophthalmological care. Our staff will strive to help you receive your maximum allowable medical insurance benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately you are financially liable for the cost of services rendered.

INSURANCE PLANS: The physicians at Wheaton Eye Clinic participate with most major insurance and managed care plans. Wheaton Eye does not participate with any vision plans. Please refer to the list of contracted carriers on the Wheaton Eye website under the Patient Services tab. Please understand the list of participation with carriers and their specific networks are subject to change which may or may not increase your financial responsibility.

The patient's/parent's/guardian's responsibility is to be:

- Familiar with the benefits of your insurance plan, including copayments, coinsurance and deductibles and being prepared to pay those financial balances upon your discharge.
- Bring all of your current insurance cards to all visits.
- You understand Wheaton Eye Clinic's provider network status in your insurance plan.
- Notify us of any changes in your insurance status or insurance company preferably prior to your visit.

Please note that should there be a delay in your eligibility or notification of any change in your insurance information, you will be financially responsible at the time of the visit for full payment and depositing a minimum payment to be determined based upon your services needed. Wheaton Eye Clinic will refund any overpayment to you upon the reconciliation of your account.

You represent that you presently maintain insurance which will reimburse Wheaton Eye Clinic for the medical care provided. Therefore, you hereby assign, transfer and assign to Wheaton Eye Clinic, all of your right, title and interest in medical reimbursement benefits under your insurance coverages and/or policies. Your insurance reimbursement benefits may be provided through an ERISA plan. If your benefits are through such an ERISA plan you hereby assign, transfer, and set forth all my rights, title and interest as a beneficiary under the ERISA plan to Wheaton Eye Clinic.

HMO/POS/Referral Care: You must obtain an authorization from your primary care physician prior to your appointment. You will be responsible for any charges above and beyond whatever treatment is listed on the authorization. It is your responsibility to know what services have been authorized and whether the authorization is valid for the date of service. If you choose to be seen without an authorization, you will be responsible for payment at the time of service for those services.

WORKERS COMPENSATION: All required documents to bill your Workers Compensation insurance carrier is required at time of service otherwise payment is due at the time of service. If payment is not received from your Workers Compensation insurance carrier within ninety (90) days then you are financially responsible for the balance.

COPAYMENTS, DEDUCTIBLES & COINSURANCES: All copayments, deductible and coinsurance must be paid at each and every visit.

UNINSURED PATIENTS: Full payment is due at time of service. A two hundred dollar ($200.00) deposit is due prior to your appointment. This deposit will be applied to your charges. You will be responsible for any balance over the deposit at the time of discharge. If you paid more than the balance on your account, a refund will be processed within 10 business days from the date of service and mailed to the home address on file.

PAYMENTS: We accept Visa, Mastercard, Discover and American Express in addition check or money order. You would be financially responsible for all applicable bank service fees for any returned checks.

MEDICARE: The physicians at Wheaton Eye Clinic participate in Medicare and therefore we accept assignment of services. Medicare pays eighty percent (80%) of what it approves after the annual deductible, and you or your secondary insurance are responsible for twenty percent (20%).

MEDICARE ADVANTAGE PLANS: You understand Medicare Advantage plans are not Medicare. You must abide by the policies and procedures of the Medicare Advantage. Failure to adhere to those policies and procedures may be subject to greater out-of-pocket financial expense.

ACCOUNT STATEMENTS: You will receive a statement in the mail once your insurance has responded. Your prompt payment in full for any outstanding balance helps us from transferring billing costs. Any past due accounts may be referred to a collection agency after thirty (30) days of billing start date.

DIVORCE DECREES: Patients are financially responsible for their bill at the time of service. The accompanying adult is financially responsible for minors. In order to facilitate care, we ask that you provide us with any court orders and related documents which address consent for treatment concerning your child.

OUTSTANDING FINANCIAL BALANCE: All outstanding financial balances must be paid prior to being treated.

BENEFIT ASSIGNMENT: The assignment of benefits of any insurance policy and/or healthcare reimbursement plan shall not be deemed a waiver of Wheaton Eye Clinic's right to require payment directly from undersigned, the patient or the guardian.

COLLECTION COSTS: Should you fail to reimburse Wheaton Eye Clinic for services rendered and your balance remain unpaid, this balance will be transitioned to a third-party collection agency for pursual of payment. The undersigned agrees to pay all costs of collections, including and not limited to reasonable legal and third-party fees.

EMT/911 SERVICES: In the event that EMT/911 services are required in order to assist you during your encounter, you agree to accept full responsibility for the cost of this assistance to you.

ONCALL/AFTERHOUR SERVICE: On-call physicians are available only to established Wheaton Eye Clinic patients and a fee may be incurred to speak with the physician on-call. On-call telemedicine or after hour office visits are available if clinically appropriate, and you will be financially responsible for any charges not covered by your medical insurance for these services.

OPTICAL: Our Optical Department works closely with your doctor to ensure your glasses prescription provides you with the best possible vision. Your prescription is guaranteed for 90 days from the date of issue. Should you require a change in that time period, you will not be charged for a recheck. Glasses purchased from any of the Wheaton Eye Clinic Optical Stores will be changed, if necessary, at no charge to you. Changes, remakes, or refunds for glasses not purchased at Wheaton Eye Clinic are not covered by this guarantee.

DRIVER'S FIELD EXAM: A Driver's Field Exam is a visual field exam you elect to have done in order for the provider to complete paperwork provided by the Department of Motor Vehicles for you to obtain or renew your driver's license. Regardless of your current medical condition a Driver's Field Exam is not medically necessary if the exam is not being conducted as a required or recommended component of your office visit. You will be financially responsible for this charge.

Please note: This acknowledgement is ONLY valid when you have a Driver's Field Exam done. This authorization remains on file.

REFRACTIONS: A refraction helps to evaluate the health and function of the eyes or to determine your eye glass prescription. Your doctor may need to perform a refraction to evaluate your eye condition or measurements. The refraction is NOT covered by most insurances and Medicare. You will be financially responsible for this charge.

_____ (initial)

MISSED APPOINTMENTS: Wheaton Eye requires at least a 48-hour notice to cancel an appointment.

You may be charged a Late Cancellation/No Show fee of fifty dollars ($50.00)

_____(initial)

I have read and understand the above **Wheaton Eye Clinic financial policy.**

_____ _____

Printed Patient Name Date

_____

Signature of Patient (or Power of Attorney/Legal Representative)

_____

Printed Name Of Power of Attorney/Legal Representative