

## LONG VISION CENTER OFFICE POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive the maximum allowable benefits. In order for us to provide this service, we need your assistance and understanding of our financial policy. Ultimately, all financial liability rests with you, the patient.

- It is your responsibility to give us the correct insurance information at each visit. Most plans require we file a claim within 90 days. Failure to give us the correct information could cause this delay and your insurance may not pay. We will then look to you for payment.
- Our office participates with most major insurance plans. We provide MEDICAL and SURGICAL eyecare to our patients and those services fall under MEDICAL insurance.
- If your insurance is a plan that requires a referral to see a specialist (most HMOs do), you must obtain a referral from your PCP for the visit here to be covered by insurance. We require this referral be obtained prior to making your appointment.
- We do accept vision plans, VSP and EyeMed, for routine exams, contacts and glasses benefits. We **DO NOT** accept any other vision insurance. **YOU MUST INFORM US WHEN MAKING YOUR APPOINTMENT THAT YOU HAVE VISION INS.** Our office will pull all your authorizations and be ready to explain your benefits at your appointment. Most Vision Plans do not coordinate benefits so the decision whether your visit is MEDICAL OR VISION is the reason you are being seen that day. You may be asked to schedule a second routine vision appointment if necessary.
- It is the patient's/parent's/guardian's responsibility to:
  - Be familiar with what your insurance plans are and bring insurance cards to each visit.
  - Provide our office with current information including address, phone number, and insurance info
  - Be prepared to pay all co-pays, co-insurance and deductible amounts when services are rendered.
- We require full payment the day of your exam. We accept cash, check, all major credit cards and Care Credit. Any check payments that do not clear the bank will be subject to a \$25 returned check fee.
- For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient for payment. In cases of separation or divorce, when presenting insurance information for a dependent enrolled under a subscriber other than you, please be prepared to provide all the subscribers information to our office. Anyone under 18 must be accompanied by parent/guardian
- All credits under \$10 will remain on patient's account unless requested, and will be used towards next appt or a purchase in our optical shop. Any amounts over \$10 will be refunded to you.

I request that payment of authorized Medicare and/or insurance benefits be made on my behalf to Long Vision Center for any services furnished to me by them. I authorize any holder of medical information about me to release to Long Vision Center, its agents, or any other insurance carrier I may have, any information needed to determine these benefits or the benefits payable for related services. This assignment will remain in effect until revoked by me in writing.

I have read and understand the above financial/appointment policy and assignment of benefits.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

