



## MEA Financial Policy

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best quality care possible and will work with you to meet any special needs you may have. The following information is an agreement between MEA and you, the Patient or Responsible Party. By signing this agreement you acknowledge receipt of our financial policy and agree to pay for all services received.

**Payment Due at Time of Service:** In order to provide you with high quality care at a reasonable cost, we must require payment of any co-pay, deductible, and non-covered service at the time services are rendered. If you are unable to pay at the time of service we will gladly reschedule your appointment. We accept Cash, Credit Card, and Care Credit.

**Insurance Participation:** Our office participates with a variety of insurance plans and networks, and we will gladly submit claims to those carriers with which we participate and act as your advocate in an effort to get your claim paid. However, you are ultimately responsible for all charges. It is your responsibility to provide us with all current insurance information. The following outlines our insurance participation policies:

- Your insurance policy is a contract between you and your insurance company. While we will assist as much as possible, it is your responsibility to be familiar with your coverage and contact them directly if you have questions.
- You must bring your insurance card with you to every visit and make us aware of any changes in coverage in a timely manner.
- Failure to provide our office with the correct insurance information may result in claims being denied and balances being transferred to patient responsibility. It is imperative that you provide complete, accurate and current information in a timely manner.
- You are expected to pay your co-pay, deductible and/or coinsurance at each visit. In order to comply with the participation agreement we have with your insurance company, we must collect any co-pay and/or deductible amount at the time of service.
- It is your responsibility to know if we participate with your insurance plan or not prior to services being rendered. If we do not participate with your insurance plan you will likely have a higher out-of-pocket expense.
- If you have a high deductible plan we reserve the right to collect payment in full at the time of service.

**Uninsured Patients:** If you do not have insurance, payment is required in full at the time of check in.

**Past Due Accounts and Returned Checks:** If your balance is not paid in a timely manner, we reserve the right to forward your account to a collection agency. If your account is past due we will not be able to render any further services including ordering glasses/contacts for you until the balance is paid. All fees assessed by the collection agency will be charged to you and become part of your outstanding balance. Returned checks are subject to a \$25 processing fee. The amount of the returned check plus the processing fee must be paid by cash, money order or credit card within 10 days of receipt of written notification from our office. We require you to provide your social security number, which will be kept private and confidential, and used for collection purposes only. If you refuse to provide your social security number then payment is required in full at the time of check in.

**Missed/No Show Appointments:** When you miss or “No Show” for an appointment you deny valuable time to another patient in need of medical care. We realize that unexpected circumstances may arise but we ask that you call at least 24 hours in advance to cancel or reschedule your appointment if possible. It is our policy after 2 missed or cancelled appointments without 24 hours notice, we will not be able to make any further appointments for you or your family and you will need to be a walk-in.

**Minor Patients:** If the patient is a minor (anyone younger than 18 in GA / 17 in SC), a parent or guardian **MUST** be present at the appointment. If a parent or guardian cannot be present we will gladly reschedule the appointment.

**Refractions:** The refraction is the diagnostic portion of the eye exam which determines whether your vision can be improved with glasses or contact lenses. It is a non-covered service by Medicare and is rarely covered by Private Health insurance. These plans consider a refraction to be a vision service and not a medical service. Therefore, you are responsible for payment of the refraction at the time of service if you do not have a Vision plan we take. We will bill your insurance plan for this diagnostic test and refund you in the event your insurance plan pays the claim.

**Routine Vision Coverage:** We accept most routine vision plans. Ask our front desk associate if we accept your plan. The vision plans that we accept provide you with a baseline eye evaluation to update your glasses or contact lens prescription only. If the doctor discovers a medical eye problem during a routine vision exam, we will inform you that your visit is now a medical exam and will be billed to your medical insurance if we take your medical plans, if we do not then payment will be expected by you that day. Alternatively, you may choose to finish the routine vision examination and return at a later date for the medical exam if the doctor deems it medically safe to do so.

**Eyeglass Orders:** If you have insurance coverage to help pay for your eyeglass order, you may proceed to Eyemart Express to place your order. It is your responsibility to be aware if Eyemart Express takes your vision insurance as we are not affiliated with them as we are a private practice.

**Contact Lenses:** Contact lens services (original fitting and annual evaluations) are in addition to eye exams. Contact fittings and annual evaluations for a contact rx typically is not covered under vision insurance. If it is not covered we will make you aware of your benefit coverage before your exam. Because contact lens wear is almost always elective, we require that you pay for any contact lenses in full before the order will be placed. If you have insurance coverage to help pay for your contact lens order, we will collect payment for any overages for which your insurance will not pay before your order is placed. If you need to return your unopened, non-damaged contact lenses for any reason, we will gladly exchange them for equal value within 90 days of purchase.

Thank you again for choosing our office. If you have any questions concerning the above financial policy, please ask to speak to one of our benefits counselors.

**I HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THESE POLICIES.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name of Patient

Signature: \_\_\_\_\_  
Signature of Patient or Responsible Party Relationship to patient