

Mason Family Vision, PC

Thank you for choosing us as your eye care provider. We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have and sign in the space provided. *A copy will be provided to you upon request.*

Insurance. We participate in many insurance plans, including Medicaid. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don't have an up-to-date ID number (applicable to Davis Vision and Vision Service Plan members) or medical insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments, deductibles and fees. All co-payments, deductibles and fees must be paid at the time of services rendered. Your co-payment arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payments at each visit.

Non-covered services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by some insurances. You must pay for these services in full at the time of your visit.

Proof of insurance. All patients must complete our patient information form before seeing the optometrist. We must obtain a copy of the responsible party's current photo ID and medical insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help you get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to the contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. We are unable to re-file an insurance claim if you have not provided updated information within a timely manner.

Non-payment. If your account is over 90-days past due, we may refer your account to a collection agency and you may be discharged from this practice. If this is to occur, you will be notified via telephone and mail that you have an outstanding balance with the practice and may need to find an alternative optometrist.

Missed appointments. Our policy is to charge \$30 for missed appointments not canceled within twenty-four hours. These charges will be your responsibility and billed to the responsible party. You will be required to pay these charges prior to your next appointment. Please help us better serve you by keeping your regularly scheduled appointment.

Personal and medical information. For each annual appointment you will be asked to update your personal information, medical history and current symptoms – if any. Failure to update your records may make it difficult to get in touch with you, especially in regards to billing and the arrival of your contact lenses, glasses, etc. Please help our office keep your records up-to-date by complying with this request.

Product returns. When you choose to order glasses or contact lenses our staff will call you when they arrive. Please pick these items up within a timely manner. Failure to pick these items up within 60 days of arrival will result in a product return with no refund or credit to the patient's account.

Contact lens fitting. A fitting fee must be paid at the time of service. Some insurance may or may not cover a portion of this service. For the patient's best interest we require the fitting to be paid to allow the patient to take home trial lenses. If the fitting is not paid, the contact lens prescription will not be issued and the patient will be asked to remove the lenses before leaving the office. In addition, all follow-up appointments must be kept in order to finalize the contact lens prescription. This policy is in place to help ensure the safety of the patient's ocular health.

Thank you for understanding our payment policy. Mason Family Vision is committed to providing the best care for their patients.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date