



FINANCIAL POLICY

Your Eye Specialists is dedicated to providing patients with high quality eye health care. Our financial policy describes the mandatory procedures regarding payment for our services. Please read and agree to this financial policy by signing below prior to any treatment. *If you are unable to abide by this policy, your appointment may be rescheduled or cancelled.*

You, the patient, are responsible for ensuring that we have your most current insurance information. If you fail to notify us of an insurance change, you are fully responsible for any amount not paid by your insurance company.

Patients with participating health insurance plans:

- If you provide us with your complete and accurate health insurance information, we will file your insurance claim as a courtesy to you.
- Co-pays, cost-shares, deductibles, and patients balances are due at the time of appointment check-in. We accept cash, check, or credit card.
- A \$35 fee will be charged for checks returned by the bank for insufficient funds.
- We may require that you contact your insurance company when payment is not made within a reasonable period; you are ultimately responsible for fulfilling payment for care.
- If full payment from your insurance company is not received within 45 days, we will hold you responsible for the remaining balance.
- You will be fully responsible for payment of any services not covered by your insurance.
- We will fully refund any overpayment to you.
- If an authorization/referral is required by your insurance at the time of service, please provide this to us upon check-in. If you are unable to provide this, we will ask you to reschedule your appointment or pay in full for your visit at the time of service.

Patients without participating health insurance plans (or patients without health insurance):

- Payment in full is due on the day of service for office visits and in-office procedures.
- Payment in full is due on the day before surgery for non-emergency cases.

Missed appointments:

- Please notify us at least 24 hours in advance if you need to miss your appointment.

If you have any questions regarding our financial policy, please contact us at (954)452-9922.

I have read and understood the above financial policy of Your Eye Specialists, and agree to abide by all aspects of this policy.

Signature: _____ Date: _____

Patient Name: _____