FINANCIAL POLICY

Thank you for considering Drishti Kidz Eye for your or your child's health care needs. We have an obligation to provide up-to-date medical care for you or your child in an efficient, friendly environment. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please do not hesitate to ask our receptionist or call us at 915-315-2584 if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Insurance:

- You have an obligation to meet financial requirements so we can continue to provide care for your child. Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of this contract. Charges incurred for services rendered are the patient's responsibility regardless of insurance coverage.
- We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including **current** primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill.
- Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.
- If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance.
- If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment and agree to forward the payment to us immediately. Please ask the receptionist if your insurance company falls under this category.

Co-payment:

All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. By law due to our contract agreement with the insurance companies, we must collect any co-pays due. 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-payment at each visit. Please note that it is your responsibility to know your insurance benefits, therefore, you may be responsible for more than just your co-pay.

Deductibles and co-insurance and estimates:

- Balances related to unmet deductibles and estimation of co-insurance, as per the contract you have with your insurance, is to be paid at the time of service.

- For in-office procedures, an estimation of patient responsibility will be provided to you and is to be paid in full PRIOR to services being rendered.

- Additional balances due, if applicable, will be billed to you after the insurance carrier has processed the claim.

Outstanding Balance Policy:

Bills for services provided are mailed in 30 days. Payment is considered overdue in 60 days. We will make every effort to work with you. It is our office policy that all past due accounts be sent two statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to the collection agency, or attorney, and possible discharge from the practice. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

I have read and understand the payment policy and agree to abide by its guidelines. I have been given the opportunity to ask questions about this policy.

Signature of responsible party **Date:**

Printed Name of the responsible party