

**Columbia Eye Clinic, PA**  
**Columbia Eye Surgery Center, Inc.**

1920 Pickens St  
Columbia, SC 29201  
(803) 779-3070

100 Palmetto Park Blvd  
Lexington, SC 29072  
(803) 806-0080

100 Summit Centre Dr.  
Columbia, SC 29229  
(803) 252-8566

**FINANCIAL POLICY**

The physicians and staff of the Columbia Eye Clinic, PA and Columbia Eye Surgery Center, Inc. are dedicated to providing you with the best possible care and service. Understanding our financial policies is an essential element of your care and treatment.

- Payment in full is required at the time of the service.
- We accept cash, checks, Visa, MasterCard, Discover, and debit cards.
- We accept credit and debit card payments by phone.
- We **DO NOT** participate in all vision plans. If you are planning to use your vision benefits please inform our staff before your exam is started.
- We do not finance the cost of exams, procedures, or surgery.

**Insurance**

By providing your insurance information, you have asked, and promised, to pay for the services we provide. **Your** insurance policy is a contract between **you** and **your** insurance company. It is **your** responsibility to know your benefits, limitations, and out-of-pocket co-payments, deductibles, and co-insurance amounts.

We participate with many health plans. We will file a claim for your services with those plans we are contracted with. We will collect any required co-payment, co-insurance, and deductibles at the time of service. If your health plan determines a service to be “not covered” or you fail to provide the correct insurance information at the time of your visit, you will be responsible for the complete charge. If you have insurance with a plan we do not participate with we require full payment at the time of service and no claim will be filed.

Our fees are set according to the usual and customary fees for our specialty and area. Regardless of any insurance company’s arbitrary determination of usual and customary rates, or denial of coverage, you are responsible for any balances. If you have a HSA/HRA (high deductible insurance plan), we require payment at time-of-service. We will provide all documentation and receipts necessary so you can be reimbursed by your plan. Fraud laws prohibit us from changing your procedures and/or diagnosis codes after the service is rendered to effect how your claim is paid. We make every effort to code and file claims accurately according to the services rendered by your physician and the documentation in your medical record.

**Past Due Account Balances**

Your account is considered past due when the unpaid balance exceeds 30 days with no payment. Past due accounts are sent to a collection agency and a 20% service fee will be added to the delinquent account balance. Past due accounts must be paid in full before a return appointment can be made. Returned checks will be collected by a collection agency and include a \$30.00 fee.

**Surgery**

If you are having surgery we will obtain pre-certification as required and verify your insurance benefits and the amount you will owe in addition to the payment by your insurance. We require all deductible and co-insurance amounts to be paid prior to the date of your surgery. **We will not finance your balance by arranging a monthly payment plan.**

**Optical**

Glasses, sunglasses, and contact lenses will be dispensed once full payment is received.

*I have read and understand the financial policy of the Columbia Eye Clinic and I agree to abide by its terms. I understand that I am financially responsible for all charges whether or not they are covered by insurance and agree that such terms may be amended from time-to-time by the practice.*

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Printed Name of Patient or Responsible Party

Signature/Date

Chart#