

Columbia Eye Clinic, PA

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 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 card 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 "just to get your claim 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. 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, if necessary, and verify your insurance benefits including 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 accepting monthly payments.

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.

Printed Name of Patient or Responsible Party

Signature/Date

Chart#