

Pelini Eyecare Financial Policy

The doctors and staff are committed to providing you with thorough, professional eye care. If you have vision or medical insurance which covers eye care we will be glad to complete any forms you may have and assist you in obtaining your maximum allowable benefits.

Payment for services is due at the time the services are rendered unless other payment arrangements have been made and approved by our staff. We prefer payment in full when ordering glasses or contacts. We accept cash, checks, Visa, Mastercard, Discover, American Express, Flexible Spending, and Health Savings Account funds.

We are panel providers and accept assignment on several vision plans and Medicare Part B. We are not a participating provider for DMERC. This means that at the time of the exam, you will be responsible for any co-payments, deductibles, or fees for non-covered services. We will bill and receive payment directly from your insurance company for covered services. You will be responsible for any remaining balance. **Please ask a staff member if we are panel providers and accept assignment for your vision plan prior to your appointment.**

If you need a referral from your primary provider to see us, it is your responsibility to obtain that referral prior to your examination. A referral with an authorization number is not a promise to pay for that visit. If for some reason you were not eligible for services at the time of the examination, your HMO, PPO, or IPA may deny payment and you will still be responsible. Your insurance coverage is a contract between you and your insurance company. Our fees for covered services typically fall within acceptable ranges set by most insurance companies and are usually covered up to the maximum allowance set by each carrier. If this is not the case, the patient is still liable for the remaining balance. Not all services are a covered benefit in all contracts and routine eye care and other selected procedures may be specifically excluded, making the patient responsible for all charges. We will try to furnish you with as much information as we can before you select a treatment option so that you can make the most informed decision possible.

We must emphasize that as eye care professionals, our relationship is with you and not your insurance company. You are ultimately responsible for all fees for both services and materials delivered to you by this office.

If you have any questions about the above information or your insurance coverage, please do not hesitate to ask. We are here to help you.

I have read, understand, and agree to the Financial Policy Statement above and have received a copy of the Pelini Eyecare Privacy Policy.

SIGNATURE _____ **DATE** _____
Signature of Patient (or guardian if minor)

PRINT NAME _____