

AUSTIN EYE CLINIC PAYMENT POLICY (11/19/2008)

Austin Eye Clinic has a responsibility to provide quality healthcare services to patients. In the interest of maintaining a good doctor-patient relationship, we ask that you take responsibility for your financial obligation to our practice. The following are general policies we have established for our patients.

1. **Insurance** – Austin Eye Clinic will file claims of all applicable visits and procedures. You are responsible for payment of all deductibles, co-insurance and all non-covered services. Please remember that insurance coverage is a contract between the patient and the insurance company. The ultimate responsibility for payment rests with you.
2. **Referrals and Pre-authorizations** – You are required to 1) know whether or not your insurance requires a referral for medical and/or surgical treatment and 2) obtain that referral before you are scheduled to see our physicians. Our office will assist you in determining whether our doctors are participating or non-participating providers. However, this is not a guarantee of coverage. Referrals typically have an expiration date and a limited number of visits; it is your responsibility to monitor your referral status. Our office will not see a patient who does not have a valid referral.
3. **No Insurance** – Patients who do not have insurance are expected to pay in full for services rendered. Payment-in-full is due the day services are rendered. We accept payment with cash, check or credit card (Visa or MasterCard). We understand that individual situations may make it difficult to meet these financial expectations and we are happy to discuss other payment arrangements as needed. You must make these arrangements before services are rendered.
4. **Returned Checks** – Your account will be charged \$50 for each returned check. You will be asked to provide payment by cash or credit card for the total cost of the returned check and fee.
5. **Past Due Accounts** – Patients who have not made an effort to make payment arrangements or have not met their financial obligation will be turned-over to a collection agency. Once an account has been sent to collections, the patient must contact the collection agency for all correspondence regarding the balance.
6. **Non-Covered Services** – Austin Eye Clinic will make a concerted effort to inform you if we believe a service may not be covered by your insurance company. In our professional judgement, these services are needed to render high quality medical care even though they may not be covered by insurance. You will be expected to pay for such services, even if your insurance company denies payment.

I have read the above policy. I understand my responsibilities for payment of services rendered and will fulfill my financial obligations for services rendered at Austin Eye Clinic.

Patient Name

Signature

Date