

Simpson Eye Associates Payment Policy

It is the policy of Simpson Eye Associates, that payment is due at the time of service unless other financial arrangements are made in advance. We require all patients to pay their copay and all routine vision services at each visit. At the conclusion of your visit with us you may be billed for any outstanding balances. If there is a credit, you will be provided a refund.

As a courtesy, Simpson Eye Associates will attempt to verify eligibility with your insurance company. A quote of eligibility is not a guarantee of benefits or payment. Your claim will process according to your plan; if your claim processes differently the insurance company will side with the plan and will not honor the eligibility quote we received. **Simpson Eye Associates does not accept Vision, Auto or Third Party liability insurance** and cannot file a claim on your behalf.

If you are covered by health insurance with ophthalmology benefits, we will bill your insurance. Please be prepared to provide a copy of your most recent insurance information at **every** visit to the front office staff. **Accepting your insurance does not place financial responsibilities onto Simpson Eye Associates, and YOU will be held accountable for any unpaid balances by your plan.**

Although we are contracted with most major medical insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our clinic by another physician does not guarantee that your insurance will cover our services. Please remember that you are fully responsible for all charges incurred; your physician's referral and our verification of your insurance benefits are not a guarantee of payment or coverage.

We highly recommend you contact your insurance carrier and fully verify your coverage for services. **Do not** assume that you will not owe anything if you have more than one insurance policy.

The undersigned agrees to pay any additional charges related to the cost of collection if payment is not received within 90 days of the date of service. Including, but not limited to, collection agencies commissions and reasonable attorney's fees and costs of suit which are incurred by Simpson Eye Associates in enforcing payment in the event the undersigned fails to pay his/her bill. Payments made after collection efforts have begun shall first be applied against cost of collection and then to the principal balance due.

Signature _____
Patient/Gaurantor

Date _____

Simpson Eye Associate's Refraction, Vision Care, Glasses and Contact Lens Policy

A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. The refraction is an important component in determining the health of the eye. Most medical insurance plans, including Medicare, do not cover refractions or routine eye examinations. We charge separately for the refraction portion of the examination, since it is not a covered service.

The charge for a refraction is \$65.00

If you have a separate vision plan, it may cover routine or annual eye examinations, glasses and/or contact lenses. We do not file insurance for vision plans. We only file for Medicare, PPO's, HMO's and major insurance plans with which we participate. We will collect the charge for the refraction at the end of your examination today. If we file your insurance for you and we are paid for the refraction, a check will be mailed to you for the amount that your insurance pays.

Signature _____
Patient/Gaurantor

Date _____