

SUMMARY OF FINANCIAL POLICY AT EASTON EYE CARE

Updated January, 2017

- **Our Commitment to Your Satisfaction:** If you are not satisfied with the service or materials rendered, please let us know within 60 days of purchase so that we can correct the situation.
- **Payment for Services rendered and materials ordered** is due and payable in full at the time services are rendered and/or materials ordered, unless prior arrangements have been made with management of Easton Eye Care. Patients (or legal responsible party) are responsible for their own bill.
- **Verification of Insurance:** Verification of your benefits will be accomplished prior to your scheduled appointment with the insurance/discount plan information provided to us. Reprocessing of claims with new plan information will not be routinely considered subsequent to date of service.
- **Insurance:** Insurance is a contract between you and your insurance company. Easton Eye Care will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination. Patients should not rely on any statements or opinions made by Easton Eye Care that Patient's insurance carrier will cover the bill. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower or no payment from the insurance company.
- **Required Payments:** Any co-payments required by an insurance company must be paid at the time of service and/or material order.
- **Balance Due Payments:** Any cost sharing, such as co-payments, coinsurance and/or deductibles are the responsibility of the Patient and/or Responsible Party. In the event that services rendered are not covered by a third party, the Patient and/or Responsible Party shall be responsible for payment in full for those services and/or materials. Unless other arrangements are approved by Easton Eye Care management in writing, the balance on your statement is due and payable when the statement is issued, and is past due if payment is not received within 30 days.
- **Returned Checks:** In the event the Patient submits payment by check and that check is returned for any reason by the Bank, we will add \$35 to the balance owed by the Patient or Responsible Party.
- **Past Due Accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency and/or a lawyer, you agree to pay all of the collection costs that are incurred, including lawyer's fees and court costs as applicable.
- **Additional Information:** Patients are encouraged to request a copy of our Financial Policy. Additional information about this policy or to discuss financial matters please contact Edita Larkin, Operations Manager. She can be reached at the Easton office @ 410-822-3937 and her email address is Manager@eastoneyecare.net