Adirondack Eye Care Center
Financial Policy

Thank you for choosing Adirondack Eye Care Center for your optical care. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

Co-pays

The patient is expected to present All insurance cards at each visit. Any past due balances on your account will be expected to be paid upon check in. All co-payments and balances are due at the time of check out unless previous arrangements have been made. We accept cash, check or credit cards. Absolutely no post dated checks will be accepted. All returned checks will have a processing fee of $40 added to your balance.

Insurance Claims

Insurance is a contract between you and your insurance company. In most cases, we are NOT a party of the contract. We will bill your primary insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits.

Referrals and Preauthorization's

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. 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 arrangements or rescheduling of your appointment may be necessary if not obtained.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent two statements. If payment is not made on the account, a single phone call will be made to try to make arrangements. If no resolution can be made, the account will be sent to the collection's agency.

Medicaid Managed Insurance

If your insurance plan covers an eye exam and materials every two years, and you schedule an appointment during a year when you are not eligible for coverage, you will be responsible for full payment at the time of service, unless you have a medical diagnosis.

No Show Policy

We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. That's why it is very important that you keep your scheduled appointment with us, and arrive on time.
If you no show for any appointment with us a $25 fee will be charged to your account.

Refunds

Orders for glasses are custom made according to your prescription as determined by your exam.
Before ordering your glasses a 50% deposit is required. Any cancellation of an order in process, the patient will be charged 50% for the cost of the lenses ordered and a $30 restocking fee on your frames. All glasses must be paid for in full at dispensing. If you are having issues with your new glasses our office will work with you to get the issue resolved.

_____
(PRINT) Patient Name

_____ _____
Signature of patient / Responsible party **Date**

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us @ 315-942-2122