

Shillington Eye Associates, LLC Financial Policy

Thank you for choosing Shillington Eye Associates as your ocular healthcare provider. Our practice is committed to providing the best appropriate treatment for our patients.

At Shillington Eye Associates we accept many forms of payment from our patients: cash, personal checks, Visa, MasterCard, Discover and Care Credit. We also participate with several medical and vision insurance plans.

The patient, or guarantor (financially responsible party) will be responsible for any co-pay amounts, deductible, optical orders or any out of pocket expenses at the time of service.

Insured Patients

It is the patient's responsibility to provide our office with the correct insurance information. Without complete and current insurance information, Shillington Eye Associates cannot submit for services rendered. Proof of insurance (showing your insurance card) is required at every appointment. Understand that insurance is a contract between the insurance carrier and the individual. Shillington Eye Associates is not involved in that contract and therefore can only provide information regarding medical diagnosis to aide in claims processing. There are certain guidelines/requirements set by insurance companies which must be followed. **It is the responsibility of the patient to be knowledgeable of these guidelines/eligibility requirements and make sure these are met before the patient arrives for his appointment.**

Shillington Eye Associates will submit to insurance companies as a courtesy and does not accept responsibility for the account. Not all services and supplies will be covered by insurance. In the event that your insurance company has not paid your account within a reasonable period, the balance will be transferred to the patient's responsibility.

Insurance companies mandate that all co-pays and deductibles must be paid. Shillington Eye Associates is prohibited to waive, reduce or alter the fees in any way.

Non-Insured / Self Pay Patients

If there is no insurance on file, or if incomplete insurance information is given, the full balance of services rendered will be the responsibility of the patient and due at the time of services.

Delinquent Accounts

Failure to pay on an existing account balance will result in an additional late fee being added to the account. If there is no payment made within 90 days, the account may be sent to collections, where you will also be responsible for collection fees, attorney fees, court fees, and/or interest fees.

Returned Check Fees

A returned check fee will be applied to each account affected in the event of a check being returned by the guarantor's financial institution. Currently the fee is \$50.00. This fee is subject to change at any time at the discretion of management formally or informally, either verbally or in writing. The patient is responsible for the original balance as well as all additional fees.

Refunds

Refunds will result in an account review and will be issued at the discretion of management.

Minors (Patients aged 17 and Younger)

The adult accompanying the child to the office shall be responsible for any out of pocket expenses due at the time services are rendered. Shillington Eye Associates is neither an agent of the court nor a part of any ongoing litigation between parents. Our office shall not be held responsible for the enforcement of any custody/financial arrangements.

Diagnosis / Procedure Codes

A diagnosis code or a procedure code will not be modified to fit your insurance plan benefits.

No Show / Cancellation Policy

Shillington Eye Associates requires 24 hour notice if a patient is unable to make their scheduled appointment. If 24 hour notice is not given, a \$25.00 fee may be charged to the patient's account.