

Universal Eye Center, PA

Written Financial Policy

Thank you for choosing Universal Eye Center, P.A. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options:

--Cash, Check, Visa, Mastercard, or Discover

--CareCredit healthcare credit card.

Universal Eye Center, PA charges \$25.00 for returned checks.

Please note:

It is customary to pay for professional services when rendered. However, if you have a medical problem then we will bill your insurance on your behalf. If we do not receive payment from your insurance carrier within 60 days, you will be responsible for the payment of your treatment fees and collection of your benefits directly from your insurance carrier.

A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams (when no medical eye problem is known or suspected). Medicare and most other insurance plans insist that we charge separately for that portion of the examination, since it is not a covered service. You will receive an explanation of benefits from them itemizing your responsibilities. You will be responsible for any co-payments, deductibles, or non-covered services as determined by your insurance company. We will verify your insurance eligibility prior to your appointment.

If you have a separate plan that covers routine or annual eye examinations and/or glasses, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan. We will bill your vision plan as above.

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You will be responsible for the annual deductible and the 20% co-payment.

MINORS MUST BE ACCOMPANIED BY AN ADULT. The adult accompanying a minor and his/her parents (or guardian) are responsible for payment prior to the beginning of your exam or consultation.

In accordance with our contract and yours with your insurance provider, we are responsible for collecting, and you are responsible for paying, any co-payments at the time of service.

Universal Eye Center, PA requires payment prior to any service/product received.

Universal Eye Center, PA requires a fee for the following:

Refraction fee \$60.00

Contact Lens Fitting Fee \$125.00

Contact lens trial period is up six weeks after receiving trials.

2 missed or canceled appointments without 24 hrs. Notice within a calendar year \$25.00.

P.D. Measurements (Pupil Distance) will not be given under any circumstances.

Please be aware that prescription eyewear is custom made for each individual and therefore non-refundable. There are no refunds for services provided or products ordered.

If you have any questions, please don't hesitate to ask. We are here to help you get quality care.

Patient, Parent, or Guardian Signature (Signed, then Print)

(Date)