



LAUREL
EYE CLINIC

**FINANCIAL AGREEMENT
RELEASE OF PROTECTED
HEALTH INFORMATION (PHI)
ASSIGNMENT OF BENEFITS
SIGNATURE ON FILE**

Financial Agreement

1. Insurance. We participate with most insurance plans, including Medicare. A complete list of contracted plans is available upon request. If you are insured by a plan we participate with but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

2. Vision Insurance. We participate in a number of vision insurance plans. Covered services vary with each plan and payment for non-covered services will be requested at the time of service. If we do not participate with your vision insurance plan, payment is due at the time of service.

3. No Insurance Coverage. Payment in full is expected on the day of service for all evaluations, diagnostic testing and surgical procedures. Payment methods accepted include; cash, check, Visa, Master Card and Discover. Financing options are also available.

4. Identification Card and Proof of Insurance. All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance and identification. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim. You will be required to complete the patient information form annually.

5. Claims submission. As a courtesy to you, we will submit your claims and assist you in any way that we reasonably can to help get your claims processed. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. If your insurance changes, please notify us before your next visit so we can make the appropriate changes in order to help you receive your benefits. If your insurance company does not pay your claim within 60 days, you will receive a statement for any balances due.

6. Co-payments and Deductibles. All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. We reserve the right to reschedule your appointment if you do not have your co-payment at the time of service.

7. Non-covered Services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

8. Nonpayment. You must contact the Patient Accounts Department if you dispute your balance by calling 814-849-8344. If a balance remains unpaid, we may refer your account to a collection agency.

9. Returned Checks. Our returned check fee is \$25.00. If more than one returned check is received on your account, we will require that future payments be made by cash, cashier's check or credit card

The Laurel Eye Clinic is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges.

Patient's Initials _____