

Millican Eye Center

Financial Policy

We are committed to providing you with the best possible care. If you have medical/optical insurance, we wish to help you receive your maximum allowable benefits. To achieve this, we ask that you review and accept our financial payment policy.

It is the patient's responsibility to keep us updated with your correct insurance information. ***If the insurance company you designate is incorrect, you will be responsible for payment of charges incurred incident to your visit and will be responsible for submitting those charges to the correct plan for reimbursement on an individual basis.***

Payment is required at the time of service. We accept cash, checks, MasterCard, Visa, American Express, Discover, and Care Credit.

For patients with ***private*** or ***no insurance***, full payment is required at the time of service.

For patients with ***HMO plans***, co-payment is required at the time of service. The amount of co-payment varies with different plans. You are responsible for knowing the ***co-payment*** amount. If you do not know the amount of your co-payment you may be charged the full price of your exam and be responsible for submitting a request for reimbursement to your HMO plan.

For patients with ***PPO plans***, payment is required at the time of service until your current year's deductible has been met. After that, we require co-payments or your liability to be paid at the time of service. If you do not know the amount of your deductible, liability, or your co-payment you may be charged the full price of your exam and be responsible for submitting a request for reimbursement to your PPO plan.

While filing of insurance claims is a courtesy that we extend to our patients, ***all charges not covered by your insurance company are your responsibility.***

Bills that go unpaid for more than 90 days will be turned over to a collection agency unless other arrangements have been made. ***Accounts that are turned over to collection will incur and additional \$50.00 collection fee.***

Prior balances MUST BE PAID prior to your next scheduled visit.

Cancellation 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. As a courtesy, and to help patients remember their scheduled appointments, Millican Eye Center makes reminder phone calls 24 hours prior to your appointment time. As a courtesy to our office, as well as, to those patients who are waiting to schedule with the physician, please give us **at least 24 hours notice** if your schedule changes and you cannot keep your appointment.

If you do not cancel or reschedule your appointment with at least 24 hours notice, you are considered a "no-show" for that appointment. After **two** no-show appointments, we may assess a **\$25 "no-show" service charge** to your account. This "no-show charge" is not reimbursable by your insurance company and must be paid prior to being seen by our physicians.

I understand the "no-show" policy of Millican Eye Center and agree to provide a credit card number, which may be charged \$25 after two no-shows of a scheduled appointment. I understand that I must cancel or reschedule any appointment at least 24 hours in advance in order to avoid a potential no-show charge to the credit card provided.

I have read and understand the Financial and the Cancellation policies and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

Patient Name _____

Responsible Party Member's Name _____

Relationship _____

Responsible Party Member's Signature _____

Date _____

On completion, we will provide you with a copy for your records upon request.