Killingly Eye Care PC

Thank you for choosing Killingly Eye Care PC as your eye care provider. Your clear understanding of our financial policy is important to our professional relationship.

Fees and Payment Policy

- Payment in full is required at the time of your visit and may be made with cash, personal check, Visa, Mastercard, Amex and Discover. Insurance co-payments, contact lens fitting and contact lens re-evaluation fees are due at the time of service. Contact lens prescriptions will not be released without payment.
- While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Your insurance is a contract between you, your employer and the insurance company. Before your visit, contact your insurance company to verify that we are participants in your plan, and the services you intend to receive are covered. In order for us to file a claim, you must present a current copy of your insurance card at each visit and communicate changes in your personal information. Not all services are a covered benefit in all policies, so it is very important that you understand the provisions of your individual policy. Insurance companies select certain services they will not pay for. Therefore, we cannot guarantee payment of all claims by your insurance company. Reduction or rejection of your claim does not relieve you of your financial responsibility to Killingly Eye Care PC.
- **Please note**: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on clinical findings, not based on coverage by insurance companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is considered insurance fraud and will not be done by our office.
- **Patient Balances** – Patient balances are due within **30 days.** A late fee of $10/month will be assessed for repeat statements. Accounts delinquent more than 60 days will be turned over to an outside collection agency, and will be subject to an additional fee of $35.
- **Returned check charge** – Non-sufficient Funds (NSF) checks are subject to a $35.00 fee (in addition to fees from your bank).
- **Missed Appointment Charge** – In fairness to all our patients requesting appointments, we kindly ask patients to call the office if they cannot keep their scheduled appointment. Please be aware, we may request a credit card to hold your appointment if there is a history of excessive no shows and availability may be limited to same-day scheduling only. Any appointments missed without 24-hour notification may be subject to a $50 no show fee.
- During your preliminary testing with the optometric technician/assistant, they will perform tests required for any contact lens evaluation and/or testing required by the doctor depending on your medical condition. These tests are billable to your medical insurance and can be applied to your deductible.
- During your examination, your doctor may determine that additional testing is necessary to help diagnose a potential ocular condition. Any additional testing will be discussed with you before being performed. The eye is a complex and sensitive organ that sometimes requires additional testing to determine if a problem exists. Your vision and ocular health is our primary concern.
- Any additional testing will be submitted to your medical insurance, if applicable. Any additional fees, co-pays and/or deductible balances will be sent to you for payment.

Self-Pay Policy

- **Time of service discount -** In order to address the needs of our patients without insurance, we offer a discount off of our standard fees. This discount acknowledges the lower cost involved in billing and collections when a claim does not need to be submitted to a third-party payer. In order to qualify, payment must be made in full on completion of your visit. This discount applies to the comprehensive eye exam and is offered only at the time of service.

Signature_____ **Date**_____