

PATIENT PAPERWORK

FINANCIAL POLICIES

EYEGLOSS PRESCRIPTIONS are guaranteed 60 days from the exam date. Any changes to the prescription occurring after 60 days from the date of the exam will incur an office visit fee of **\$30.00**.

You will be provided two copies of your eyeglass prescription at the end of your exam.

CONTACT LENS PATIENTS POLICIES First-time contact lens wearers **must** complete the staff-led contact lens training before the release of trial lenses. All contact lens prescriptions require follow-up care before the release of the prescription. You are responsible for following through with your follow-up appointment. Your contact lens exam fee includes two follow-up care for the following 45 days of the initial exam. Any **changes made after the 45 -day period** will incur an office visit fee of **\$35.00**. Any changes made after 3 months will require another exam and fitting.

You will be provided two copies of your contact lens prescription once Dr. Forrester releases you for continued wear.

FORMS OF PAYMENT: Cash, major credit card, or Care Credit

CO-PAYS & DEDUCTIBLES: All Medicare, Medicaid, and other health plan co-pays, deductibles, and shared costs are payable on the date of service; otherwise, a fee of \$20 will be added to your bill as a fee for late payment. We verify your benefits to the best of our ability. However, it is ultimately your responsibility to know your coverage.

MEDICARE: We accept assignments and will file all Medicare claims. **At the time of service, you are responsible for 20% of the Medicare allowable fee, plus the deductible and any service charge not covered by Medicare.** Medicare will only pay for services that it determines to be "reasonable and necessary" under Section 1862(a)(1) of the Medicare law. If Medicare denies payment, you agree to be personally and fully responsible for all costs by signing. You also agree that payment of authorized Medicare/Medigap benefits is made payable to Forrester Eye Associates for services rendered by that physician/supplier. Your signature will also authorize any holder of medical information about you to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. A current copy of the Medicare card is required before treatment, or the patient will be rescheduled when the card can be provided.

MEDICAID: A current copy of the Medicaid card is required before treatment, or the patient will be rescheduled.

PRIVATE INS & MANAGED CARE: If you participate in a plan that we accept, we will be happy to file your insurance claims. Otherwise, payment in full is your responsibility. Please note that you are ultimately responsible for payment if your private insurance company denies payment.

SELF-PAY: Payment is expected at check-out for all services rendered. You may call our office for an estimate of our fees. If you are unprepared to cover your exam, we recommend exploring Care Credit or rescheduling your appointment.

NON-COVERED SERVICES: Several non-covered services are essential for the doctor to evaluate and treat you during your eye exam properly. They include refraction, retinal photography, contact lenses, contact fitting fees, etc. Medicare and most insurance plans do not cover these fees, payable upon check-out. You may choose to defer these or any services.

SERVICE CHARGES: **Our office only accepts checks through the mail to resolve any balance owed.** We no longer accept checks in the office for services rendered for appointments. Any check returned to our office for non-payment will generate an additional processing fee. We can assist you with setting up a payment plan to pay any outstanding balance. If your account is sent to a collection agency, you will incur an administrative fee for that effort, including any court costs.

DRIVERS FORMS: We will be happy to complete a Drivers' Form for you for a \$15.00 fee.

OTHER FORMS: A nominal fee per form will be charged for any additional insurance forms or dictated letters from our doctor. Documents will be ready in 2- 3 business days.

No-Show Charge Due to the negative impact of missed appointments on our staff, doctors, and other patients, a fee of \$25.00 will be charged for a no-show or missed appointment if you have not provided us with at least 24 hours.

I have read and agree to all the above-stated office policies by signing below.

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____