FORRESTER
EYE ASSOCIATES

We provide our patients with the highest quality optometric care and to running our clinic efficiently. Please assist us in achieving these goals by complying with our financial policy. Payment is due at the time the service is provided. It is your responsibility to verify insurance and determine the status of coverage (co-pay and deductible) before your visit.

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 assignment 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)(I) 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 for you. 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 not prepared 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 properly evaluate and treat you during your eye exam. 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 also 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 For any additional insurance forms or dictated letters from our doctors, a nominal fee per form will be charged. 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-hour notice.

Other information Our office does not take checks when services are rendered. You may mail a check in to resolve your balance. Any check returned to our office for non-payment will generate an additional processing fee of $35.00. We can assist you with setting up a payment plan to pay an outstanding balance. Accounts turned over to a collection agency will also incur an administrative fee and any additional fees associated with that effort, including court costs.

Refunds Credit balances under $50.00 will remain as a credit on your account to be applied to your next visit unless a refund is requested.

I have read and accept the terms of Forrester Eye Associates' Financial Policy. I agree to pay for services rendered by Forrester Eye Associates that are not covered or paid by my insurance company, including Medicare and Medicaid.

Name (print): _____ Date: _____
Patient / Guardian / Guarantor

Signature: _____