

PATIENT FINANCIAL POLICY

Co-pays, Co-insurances, Non-covered Services

Patients are to present their insurance cards at each visit. Co-pays, past due balances and non-covered services are due at the time of service. Medicare patients with no secondary insurance are expected to pay the 20% co-insurance at checkout. We accept cash, checks, credit and debit cards.

Outstanding Balances

Patients with outstanding balances will be billed monthly, with finance charges accruing with each billing statement. After the third statement, if the account cannot be resolved, the balance will be turned over for collection, and costs associated with collection will be added to the account.

Eyeglasses/Contact Lenses

A deposit of half the cost of eyeglasses and/or contact lenses is required before any order will be placed. The balance is due at dispensing.

Returned Checks

There will be a \$25.00 returned check fee added to your account each time your check is returned for insufficient funds or any other reason.

Returns/Refunds

If you need to return a product you ordered, it must be done within 60 days of the date of purchase. Contact lenses must be unopened. For all returns, we will make every effort to address the reason for the return and write a new prescription, if needed. There is no refund for eyeglass lenses that are remade. Please note that some product returns (especially contact lenses) require a restocking fee. In order to issue a patient refund, there can be no outstanding balance or open insurance claims on the account. Refunds will be paid within 30 days of the request.

Refraction

A refraction is a procedure necessary to evaluate your vision and/or write you a prescription for eyeglasses. During the refraction you will be offered a series of lens choices until you reach the best corrected vision. Not all insurance plans cover refractions, and Medicare specifically excludes it as a covered benefit. The cost of the refraction is \$35 and is due at the time of service.

I-Wellness Scan

An I-Wellness scan is a high-resolution, cross-sectional imaging of the retinal tissue in the back of the eye. It is analogous to ultrasound, except that it uses near infra-red light instead of sound. The I-Wellness scan allows us to detect eye diseases/conditions in their earliest stages (even before they can be seen with the microscope), which allows us to begin treatment much sooner, to preserve your vision. The scan is optional, but highly recommended for anyone 18 years and older, especially if there is a history of diabetes, glaucoma or macular degeneration in your family. The cost of the scan is \$39 and is not covered by insurance. This payment is due at the time of service. Should there be a medical finding, more in-depth scans will be done at future office visits and can be billed to your medical insurance.

Referrals

If your medical insurance is an HMO plan, you will need to get a referral from your primary care physician (PCP) for your office visit. We ask that you call your PCP at least 3 days in advance of your appointment to get this referral in place, even if you have a separate vision plan. If there is a medical reason for your visit, we will submit a claim to your medical insurance with the referral, rather than to your vision insurance. Without the referral, you will be asked to reschedule your appointment or pay for your visit at the time of service.

Worker's Compensation/Automobile Accidents

For worker's compensation or automobile accident related office visits, you must provide us with: the name, address and phone of your employer; the name, address and phone of your insurance carrier; claim number and contact person; the state where the accident occurred. If this information is not provided at the time of service, you will be asked to reschedule your appointment or pay for your visit at the time of service.

Missed Appointments

We understand emergencies arise that require you to change an appointment. We kindly request 24 hours notice for a cancellation. If less than 24 hours is given, or if you do not show for your appointment, your account will be billed \$35. No further appointments will be made or kept until this fee is paid in full.

Release of Medical Records

If needed, we will be happy to provide your doctor with a copy of your medical record at no charge. Please present a signed release form with the doctor's name and address. If you require a copy for personal use, legal documentation or disability, a record copying fee will be calculated according to PA law. A signed records release form and pre-payment will be required before any records will be copied and/or supplied.

I have read the above financial policy of Christopher J. Nowik, OD, PC and understand and agree to the terms stated.

Signature of Patient/Parent or Guardian _____ **Date** _____