

Starkville Eye Clinic

1085 C STARK ROAD | STARKVILLE MS, 39759 | (662) 320-6636

Written Financial Policy

Thank you for choosing Starkville Eye Clinic. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa, MasterCard, American Express or Discover
- CareCredit healthcare credit card. CareCredit is the preferred healthcare credit card providing special financing and payment options* for out-of-pocket medical expenses. Ask about how the CareCredit healthcare credit card can help you.

Starkville Eye Clinic charges \$40.00 for returned checks.

Please note:

It is customary to pay for professional services when rendered. However, if you have a medical problem then we will bill your insurance on your behalf. A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams (when no medical eye problem is known or suspected). Medicare, and most other insurance plans, insists that we charge separately for that portion of the examination, since it is not a covered service. You will receive an explanation of benefits from them itemizing your responsibilities. You will be responsible for any co-payments, deductibles or non-covered services as determined by your insurance company.

If you have a separate plan that covers routine or annual eye examinations and/or glasses, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan. We will bill your vision plan as above.

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You will be responsible for the annual \$147.00 deductible and the 20% co-payment.

MINORS ACCOMPANIED BY AN ADULT; The adult accompanying a minor and his/her parents (or guardian) are responsible for payment prior to the beginning of your exam or consultation.

In accordance with our contract and with your insurance provider, we are responsible for collecting, and you are responsible for paying, co-payments, deductibles, co-insurance or any services that are not covered by your insurance company.

If you have not made payment arrangements or pay your balance in full by the due date on your statement a \$3.00 late fee will be applied to your balance. In the event that you fail to pay the balance of your account to Starkville Eye Clinic within sixty (60) days of the date of service, your account will be turned over to Franklin Collection Services. You will also be responsible for any and all costs of collection, including attorney fees

and interest charges. We will add a 50% collection fee to any and all accounts sent to Franklin Collection Services.

Starkville Eye Clinic requires payment prior to the product is received.

Starkville Eye Clinic requires a 100% deposit collected prior to delivery of your optical purchase.

Starkville Eye Clinic requires a fee for the following:

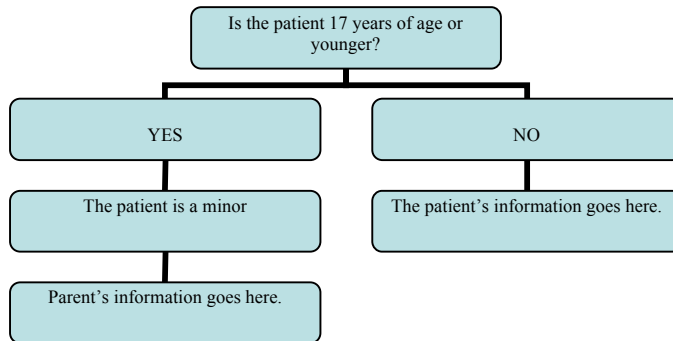
Refraction fee \$20.00

Contact Lens fee \$35-\$50

Lens Warranty fee \$20.00

Visual Field \$25.00

Starkville Eye Clinic will verify your insurance eligibility prior to your appointment.



Patient/Parent/Guardian Signature → _____

Patient/ Parent/Guardian Printed Name → _____

Patient, Parent or Guardian's DOB → _____

Patient, Parent or Guardian's SSN → _____