



Laura L. Harris, M.D., F.A.C.S.

PAYMENT POLICY

Thank you for choosing Cataract Consultants for your ophthalmic care. We are committed to providing you with quality and affordable health care. Please assist us in achieving these goals, by complying with our payment policy. Payment is due at the time the service is rendered. It is the patient's responsibility to verify insurance and determine the status of coverage (co-pay & deductible) prior to their visit. We will be glad to file insurance claims however, the patient is ultimately responsible for payment if their private insurance (excluding Medicare & Medicaid primary) company denies payment.

1. **Forms of payment:** Cash, Check, Master Card, Visa, or various Credit Plan Options.
 2. **Co-Pays & Deductibles:** All Medicare, Medicaid, and other insurance plan co-pays are payable upon Check-Out. It is the patient's responsibility to know their portion payable at the time of service.
 3. **Self-Pay:** Payment is expected at Check-Out. If you are not prepared to cover your exam, we can offer you coverage through various credit plan options.
 4. **Medicare:** We accept assignment and will file all Medicare claims. At the time of service, the patient is responsible for 20% of the Medicare allowable fee, plus the deductible and any service charge not covered by Medicare.
 5. **Medicaid:** A current copy of the Medicaid Card is required prior to treatment. If the Medicaid Card is not brought to the visit, then the patient will be rescheduled.
 6. **Worker's Comp:** Worker's Compensation authorization must be obtained prior to the appointment, otherwise we cannot treat the patient.
 7. **Private Insurance & Managed Care:** If you participate in a plan which we accept, then we will be happy to file your insurance for you, otherwise payment in full is your responsibility.
 8. **Refraction Fee:** Part of your evaluation is the refraction which helps determine appropriate surgical options. Medicare and most insurance plans **DO NOT** cover this fee. The fee for this service will be collected upon Check-In.
- Other Forms:** For any insurance forms or dictated letters from our doctor, the fee is \$25.00 per form and they will be ready in 3-5 business days.
- Other Information:** Any check returned to our office for non-payment will generate an additional processing fee of \$30.00. We can assist you with setting up a credit plan in order to pay an outstanding balance. Accounts turned over to a collection agency will also incur a \$50.00 administrative fee as well as any additional fees associated with that effort, including court costs. Thank you for your understanding.

I have read and accept these policies.

Printed Name

Signature

Date