

# MISSISSIPPI EYE ASSOCIATES

**James D. Sutton, M.D.**

## FINANCIAL POLICY

Acct# \_\_\_\_\_

### Proof of Insurance:

Please bring your insurance card(s) with you to every appointment. It is your responsibility to inform the front desk of any changes in insurance coverage or when the cause of treatment should be billed to an auto insurance, liability company or worker's compensation, instead of your regular primary insurance.

### Payment is Due At Time of Service:

We accept cash, personal checks, debit and credit cards. All deductibles, co pays and non covered services are due at the time of service unless payment arrangements have been made in advance. If you have Medicare but Medicare may deem the treatment as "medically unnecessary" according to HCFA payment guidelines, you will be required to sign a waiver (Advanced Beneficiary Notice) prior to treatment and the service is due at the check out counter. All Medicare patients will be required to pay 20% co pay based upon the current Medicare Fee Schedule at the check out counter unless proof of a secondary policy is evident.

### Billing, Payments, and Overpayments:

If an overpayment is made by you on the account, a refund will only be issued if they are no other outstanding debts on other accounts containing the same guarantor or financial responsible party. Patient balances unforeseen at time of service will be billed to the address you have provided for billing purposes. It is your responsibility to inform us of any change of address, phone, or employment. All balances are due in full within 14 days of billing date. If you cannot pay the balance in full within 14 days, please contact our office about arranging a payment.

### Past Due and Delinquent Accounts:

Failure to meet your financial obligations may result in reporting you to a collection agency, who will report you to the credit bureau, filing for a judgment in small claims court or other collection action against you as determined by the collection agency; and you may be terminated as a patient from this facility. All attorney fees, court costs, and other expenses related to collecting your account will be added to your outstanding balance.

\*\*We will file your insurance for you, but after 90 days from date of service if payment has not been received from your insurance company, we will move that balance to the patient's responsibility. We do file as a courtesy to you, although any conflicts with your insurance company will have to be handled by you.

\*\*Charges for refractions are due at the time of service. The refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance does not cover this as they consider it to be a routine service. Failure to pay for the refraction at the time of checkout will result in your prescription being held until payment is received.

### Vision Plan Policy:

Each patient is responsible for understanding the benefits of his or her insurance policy or vision plan. If you have a medical eye diagnosis some vision plans **WILL NOT** cover your visit. The cost of your visit may need to be picked up by your medical insurance. If during your ophthalmic eye exam you are found to have a medical eye diagnosis your vision plan may still help in covering the cost of your new glasses or contact lens. There are many health care plans currently in the marketplace. We will help each patient navigate this complicated industry. **UNTIMATELY YOU ARE RESPONSIBLE FOR THE COST OF YOUR CARE.**

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Signature

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Date