

Financial Policy for Dr. Daniel Wendorff & Associates, P.C.

UNDERSTANDING YOUR INSURANCE;

- It is **YOUR** responsibility to know and understand your insurance coverage.
- **YOUR** Insurance company is responsible to you, not to the Eye Doctor's office.

Our office participates with numerous insurance plans, thus benefits and servicing providers vary depending on the plan and the employer group.

- **IT IS IMPOSSIBLE FOR OUR OFFICE TO KNOW EACH PATIENT'S INSURANCE PLAN AND/OR COVERAGES FOR EVERY SINGLE INSURANCE PLAN.** We will assist you when and if we can, but it is **YOUR RESPONSIBILITY** to be **AWARE** of **YOUR** coverage. We want our patient's to be informed so they do not have unexpected out of pocket expenses.
- We can obtain a summary of benefits by telephone, fax or internet to assist you with your basic coverage information, **BUT FINAL DETERMINATION CAN ONLY BE MADE AT THE TIME OF PROCESSING OF YOUR CLAIM BY YOUR INSURANCE COMPANY.**

You will be given a summary of the total fees for your visit with all Procedure and Diagnosis codes. You may use that form to contact your Insurance company to determine your benefits. You can find all this information in your insurance plan booklet, by calling your insurance company or contacting your HR representative at your work place.

Make sure you ask your insurance carrier for;

- Yearly Deductible and amount remaining
- Copay's for Office Visits, Tests
- Do I have a Vision Plan? Many employers based vision plans change each year without your knowledge. **Copays change. It is your responsibility to know your out of pocket expenses. There is no guarantee that what you paid last year will be the same for subsequent years.**
- **Many copays are not known until we file your insurance claim and your Insurance company processes and prices it. These Copays are YOUR responsibility and we are held accountable for collecting them. Non-collection of Copays is considered insurance fraud.**

All Services are paid in full at time of Service. All Copays are paid at time of service.

Balances that remain after insurance payment are **YOUR** responsibility.

- You will receive a statement of your balance due and will have **30 days** to make payment. If you need to make payment arrangements, please call the office so we can discuss your options.
- **If we do not receive payment in 30 days a 3% service fee will be added to your balance**
- **If we do not receive payment in 60 days an additional 5% fee will be added to your balance.**
- **If we have not received payment in 90 days, you will be sent to our Collection agency where you will be subject to additional charges.**
- **If you have an unpaid balance no services will be performed, no Contact Lens or Glasses Rx will be released, no contact lens trials will be given or contact lens product will be sold and no records will be released until the balance is paid in full.**

I ACKNOWLEDGE THAT I READ AND UNDERSTAND THIS FINANCIAL POLICY

Patient Signature or Guardian if under 18 years of age

(Lifetime Signature)