

PAYMENT AND INSURANCE POLICIES

We welcome you as a patient to our office and we strive in making your visits and communications with us as comfortable and clear as possible. In maintaining such levels, we provide the following information to you in regards to our payment and insurance acceptance policies:

1. Your insurance company may not cover some or any of the expenses incurred during your visit. You understand you are financially responsible for payment of all charges or deductibles incurred for services rendered from Joseph E. Droter's office if it is found that your insurance carrier did not cover such services.
2. If you are seen without proof of insurance coverage, full fees for professional and medical devices, (glasses, contact lenses, etc.), will be charged to you and payment in full is expected at the time of your visit. If you find that you do have insurance coverage, our office will be more than happy to assist you in filing for reimbursement directly to you from the insurance company. There are **NO** exceptions and you agree in not holding Dr. Droter's office responsible for your reimbursement directly. You also acknowledge acceptance of any monies your insurance pays as full reimbursement.
3. If, at any time of your visit, correct insurance information is not provided and services are denied, you are financially responsible for all charges due.

As a patient you maintain responsibility for the following items:

- Check your health care benefits and any exclusions of coverage.
 - Obtain referrals for medical care provided by a specialist when your insurance company requires such.
 - Give Dr. Droter's office complete and accurate information.
 - Know the costs (co-payment, deductible, and co-insurance) of my care.
 - Paying for all service or material overages at the time of visit, or when any orders are placed. **Our office cannot fulfill an order without payment first.**
 - Knowing how to contact your insurance carrier if any concerns arise.
 - Understanding that your insurance carrier may consider a fitting or an evaluation for contact lenses separate from the basic examination and you may be charged accordingly for these procedures.
 - Understanding that eligibility determination from your insurance company is not a guarantee of benefits or payment of services or materials.
4. All accounts with a balance over 30 days old will accrue a finance charge of 5% per month. **All finance charges are due by the patient at the time of final payment.**
 5. Our office is unable to ship anything directly to the patient without payment in full on their account first. **There are no exceptions!**

A copy of this signed notification will be kept on file in the patient's record.

Signature of Patient or Guardian: _____