

# Cornell Eyecare Group Financial Policy

## Patient Responsibility

Patients are responsible for payment of all products and services provided by Cornell Eyecare Group. As a courtesy, we will bill your vision and/or medical insurance with the information you provide us with. If your insurance does not pay, pays less than expected, or you have provided us with the incorrect insurance information, you are still responsible for your account. A parent or guardian bringing in a minor will be financially responsible for all services and products incurred.

Please bring your insurance card and identification with you to each visit. All insurance co-payments, deductibles and non-covered services are due in full at the time of service. We will not bill insurance after we have already received payment for products or services. However, we will provide you with the appropriate information to self submit your claim to your insurance company for reimbursement.

We offer a discounted fee schedule for private pay patients when payment is made at the time of service. No insurance claims will be submitted for cash discounted products or services. We accept cash, checks, Visa, MasterCard, American Express, and Discover.

## Registration

Most demographic and insurance information will be updated at the time the appointment is made. As a courtesy, we will verify your insurance benefits with your insurance company, however your carrier is your best source of information regarding benefits and eligibility. ***Insurance coverage and provider eligibility are the ultimate responsibility of the patient to verify.***

## Refractions

Medicare and certain other medical insurances consider obtaining eyeglasses to be routine eye care and not a covered medical service. Therefore, the portion of the exam that determines your prescription, called the refraction, is considered routine, and is a non-covered service. In these cases, refraction fees will be collected on the day of service or billed to you after your insurance pays your claim.

## Eyeglasses and contact lens

Payment is due at the time of the order. Eyeglasses cannot be dispensed without full payment. Your portion of the contact lens fees is due at the time of service. No prescriptions will be released until your account is cleared.

## Past due balances

Accounts over 60 days old are considered delinquent. Checks returned for insufficient funds, closed accounts or other problems may be subject to a \$35.00 fee and are subject to Oregon Law ORS #30.700 which states legal action can be taken for 3 times the amount of the check or \$100.00, whichever is greater. Past due balances will be due prior to service unless arrangements are made with the Accounts Receivable office.

Your signature authorizes us to contact references in case it becomes necessary to locate you or transfer a past due account to a collection agency.

I have read the financial policy for Cornell Eyecare Group. I accept responsibility and understand I am financially responsible for all services and products obtained while a patient, or representative of a patient, at Cornell Eyecare Group.

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Print your name

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Date

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Patient signature or representative

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Date