

FINANCIAL PAYMENT POLICY

Bausch & Jones Eye Associates is committed to providing you with the best possible care. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for all services provided by Bausch & Jones Eye Associates is due in full at the time of service. Our office participates with Medicare and other insurance companies. Should your coverage be with one or more of these companies, we will bill your insurance company along the guidelines of our contract. However, co-payments, co-insurances, deductibles and non-covered services that have not been satisfied, are the responsibility of the patient and payment is expected at the time of service. Failure to pay your co-pay at the time of service will result in a \$10.00 administrative fee.

If you have any questions regarding your insurance coverage, it is your responsibility to contact your insurance carrier. **Your insurance is a contract between you and the insurance company.** If your insurance company requires a referral, this must be present at the time of service. If there is not a referral at the time of your visit:

1. You may be asked to reschedule;
2. You may sign a financial liability form stating that if the referral is not received by the end of that business day, you will be responsible for the cost of the visit.

There are times when making a payment can be a financial hardship. It may be necessary to set up a payment plan for a patient who cannot comply with our financial policy. If you are in need of special payment arrangements, please advise our staff prior to your appointment. Co-pays are exempt from this because your insurance requires you to pay your co-pay at the time services are rendered.

We accept cash, checks, MasterCard, Visa and American Express. There is a \$50 returned check fee.

Bausch & Jones Eye Associates reserves the right to turn any patient over to collections if it is deemed that the account has been in default of the payment obligations. In the event your account is turned over to our collection agency, all appropriate collection fees will be added to your outstanding balance.

By signing below, the undersigned authorizes treatment by the providers of Bausch & Jones Eye Associates. The undersigned also authorizes the release of any information requested by insurance companies or liable third parties and assigns any insurance benefits or injury benefits to Bausch & Jones Eye Associates.

Signature

Date