SOUTHWESTERN EYE ASSOCIATES

FINANCIAL RESPONSIBILITY ACKNOWLEDGMENT

Thank you for choosing us as your healthcare provider. The following is our Financial Policy. If you have questions or concerns about our payment policies, please do not hesitate to ask our office manager.

Payment for services is due at the time services are rendered. We accept cash, checks, and for your convenience, MasterCard, Visa, and American Express.

If **Southwestern Eye Associates** is affiliated with your preferred provider organization, (contracted with your insurance company) we will submit the claim to your insurance company. If your insurance coverage/company changes, it is YOUR responsibility to notify our office immediately.

You must understand the following:

1. Your insurance policy is a contract between you, your employer, ad the insurance company! We are NOT a party to that contract. Our relationship is with you, not your insurance company.
2. All charges are your responsibility whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Fees for these services, along with unpaid deductibles and co-payments are due at the time of treatment. You are responsible for these amounts.
3. **YOU ARE RESPONSIBLE FOR KNOWING YOUR INSURANCE BENEFITS**. Does your insurance require a referral from your primary care doctor? Do our physicians participate in your plan? If we can be of assistance, please let us know.
4. If the insurance company does not pay in full within 30 days, we ask that you contact the insurance carrier. If your insurance does not pay in full within 45 days, we require you pay the balance due with cash, check, or credit card.
5. Returned checks are subject to a $25 return check fee.
6. Patient balances over 60 days old will be the patient's responsibility and may be subjected to interest charges of 2% per month if arrangement for payment has not been made.
7. You are responsible for any collection fees, legal fees, or court costs.

We do understand that temporary financial problems may affect timely payment of your balance. We encourage you to communicate any such issues so that we can assist you in the management of your account.

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Signature of Patient Date