

Lakes Area Eyecare

All co-payments and deductibles are due at the time of service. Full payment is due that the time of service for all non-covered services (refraction, contact lens exams and iWellness). Our contract with your insurance company requires us to collect these from you. Payment in full is required without proof of insurance. Please provide us accurate and updated information for all of your insurance plans at each visit. Failure to do so may result in you being responsible for a balance that your insurance company may have otherwise paid. We transfer responsibility to you after we have had a response from your insurance company. If an insurance payment has not been received within 90 days from the date of service, the bill becomes the patient's responsibility. Personal accounts over 120 days will be turned over to our collection agency.

Patient Guarantor (responsible for charges) _____

Please read the explanation of benefits (EOB's) sent to you from your insurance company. This will explain why certain charges were not covered. If you have any questions regarding your bill after talking to your insurance company, please contact us at 218-829-2929.

A 50% deposit is required on all products before they can be ordered. Account balances must be paid in full before any prescriptions can be released or ophthalmic products are dispensed. Lakes Area Eyecare is not responsible for damages to frame and/or lenses no longer under warranty or not purchased from our office. Some restrictions apply regarding insurance plans. Your eyewear is custom made for your individual needs and therefore no refunds will be issued.

Refraction Policy:

The refraction portion of the eye exam is performed to determine if glasses or a change in your current spectacle correction will improve your vision. Payment for the refraction is \$70 and is expected at the time of service. This covers 60 days of follow up care. After the 60 days, if problems should arise, there will be another fee charged. Some insurance plans, including Medicare and Medicare replacement programs, do not cover this portion of the exam. The office of the Inspector General has deemed that not charging for a provided service is an "inducement" to the patient and therefore is illegal.

I have read and understand the financial agreement.

HIPAA Policy:

I have received, or was offered and declined, a notice of HIPAA privacy practices.

iWellness (\$29 charge, not billable to insurance)

I elect to have iWellness done today.

Contact Lenses: (\$70 for a soft lens fit, \$100 for an RGP fit)

I wish to be fit for contact lenses today. I understand that the fitting fee covers 60 days of follow up care. After the 60 days, if problems should arise, there will be another fee charged.

Communication: How would you like us to contact you? (Please circle)

*Email *Text *Cell Phone *Land line *Postcard

Name _____

Date _____