ALL SAINTS Eye Center

"Excellence In Eye Care"

www.allsaintseyecenter.com

Our Financial Policy

This policy covers all services rendered and performed at All Saints Eye Centers. By signing below I am agreeing to the terms of this financial policy. We will provide you a copy upon request.

Medicare Patients: We are participating providers with Medicare. This means you will be responsible for 20% of the approved Medicare fee for covered services, the current yearly deductible and full payment of any non-covered services. We file Medicare as a courtesy to you and Medicare may forward the claim to your secondary insurance.

Non-Medicare Patients: While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date services are rendered. Your insurance is a contract between you, your employer and the insurance company. In order for us to file a claim, you must present a CURRENT copy of your insurance at each visit and communicate any changes in your personal information. **THE INSURANCE YOU PRESENT AT TIME OF SERVICE IS THE INSURANCE WE WILL BILL. Payments from insurance companies will not be reversed if you realize at a later date you have a separate vision plan.** Not all services are a covered benefit with all policies, so it is very important that you understand the provisions of your individual policy. Insurance companies select certain services that they will not cover, therefore we can't guarantee payment of all claims by your insurance company. Reduction or rejection of your claim does not relieve you of your financial responsibility.

Your insurance company may require us to collect a co-payment at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Additionally, you may have coinsurance and/or deductible amounts required by your insurance carrier. Any outstanding balance on your account, after adjusting for all of your insurance's responsibilities, will be billed to you.

PLEASE NOTE: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by Insurance Companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.

Payment is due in full at your appointment unless you are covered by Medicare or an insurance company with which we participate.

I AGREE TO SIGN THE FINANCIAL POLICY SET FORTH AND THE PRIVACY POLICY LISTED BELOW

ASEC reserves the right to revise its notice of privacy practices at any time. A revised notice of privacy practice may be obtained by a written request to the office.

I hereby acknowledge that ASEC may use and disclose my protected health information to carry out treatment, payment and healthcare operations. ASEC's notice of privacy practice provides a complete description of such uses and disclosures. Uses and disclosures not listed will require my prior written authorization.

I may make restrictions to the use and disclosure of my protected health information or revoke a previous request for restriction at any time except to the extent that the practice has already made disclosures in reliance upon my prior authorization to do so. Both requests for restriction and revocations must be in writing. By signing I am acknowledging that I have received ASEC's notice of privacy practices and understand my right to modify how my information is used and disclosed. If ASEC determines that my restrictions make it impossible for them to carry out my treatment, payment and healthcare operations, they may refuse to accept me as a patient. I have been given the opportunity to review All Saints Eye Center's (ASEC) Notice of Privacy Practices (a separate document) prior to signing this acknowledgment.

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Signature of Patient or Legal Guardian **Date**

1435 Immokalee Rd, Naples, FL 34110 (P) 239-592-5511 (F) 239-592-9259
1735 Heritage Trail, Naples, FL 34112 (P) 239-775-7711 (F) 239-510-4044
24820 Burnt Pine Dr. #4, Bonita Springs, FL, 34134 (P) 239-949-2021 (F) 239-949-1500
6150 Diamond Center Ct Bldg 900 Ft Myers, FL 33912 (P) 239-768-7022 (F) 239-768-0253