



## Financial Policy

Thank you for choosing Grene Vision Group. We are committed to providing excellent service in every area including billing and insurance claim filing. If you have any questions regarding this policy, please feel free to discuss them with our billing department staff.

### **Insurance**

Grene Vision Group participates with many health and vision plans. As a courtesy, we will file claims with these companies. Your insurance contract is an agreement between you and your insurance carrier. It is ultimately your responsibility for the full and timely payment of your account.

**Patients are expected to bring all their current insurance cards and a photo ID to each visit.**

Payment is **DUE AT TIME OF SERVICE** for all amounts known not to be covered by your insurance company. These amounts include co-payments, refraction fees, deductibles, and/or co-insurance. We accept cash, personal checks, Visa, MasterCard and Discover.

While we may estimate your financial responsibility, it is your insurance company that makes the final determination regarding your eligibility and benefits.

Certain office procedures or services may not be covered, or may be considered “not medically necessary”, “experimental”, or “cosmetic” by your health plan. You are responsible for payment of these services. It is your responsibility to know the benefits and limitations of your current health care coverage. Grene Vision Group will provide care based on patients’ needs, not a patient’s insurance coverage. Your Provider is not responsible for knowing your plan’s specific coverage limitations.

### **Glasses and Contact Lenses**

When eyewear or contact lenses are ordered, full payment is due at the time of the order. All prescription optical materials are custom made to your prescription. Any materials not picked up within 90 days will be returned to stock with no refund.

### **Refractions**

Eye exams have two portions, the eye exam and the refraction. The refraction is the measurement taken to determine if there is a need for glasses and if so, your glasses prescription. Refractions may be done for routine eye exams or medical exams. Most insurance plans, including Medicare do not pay for refractions. You will be asked to pay for the refraction at the time of your visit.

**Contact Lens Fees**

If you currently wear, or wish to start wearing contacts, there are separate charges for the contact lens exam and the contact lens fitting which must be paid at the time of service.

**Referrals**

Many insurance plans require a referral/authorization for office visits, testing and surgery. You will need to obtain this referral/authorization from your primary care physician prior to being seen in our office. Without a necessary referral, full payment will be due at time of service.

**Billing**

Statements will be mailed monthly and payment is due in full upon receipt.

If you have not paid your bill, or contacted us to make arrangements, your account may be referred to a collection agency. The patient agrees to pay for any costs of collection or legal fees related to these collection efforts, in addition to the account balance.

**Patients Who Are Minors (under 18 years old)**

All items not covered by insurance must be paid at time of service; regardless if guarantor is present or not.

**NSF Checks**

If a check is returned for insufficient funds, account closed, or payment is stopped, your account will be charged a \$30.00 fee.

**Failure to Cancel Appointments/No Shows**

Unless canceled at least 24 hours in advance, we reserve the right to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments or calling us in advance to reschedule an appointment.

**Surgery**

If you are having surgery, we will assist in getting pre-certification or prior approval for your procedure. Most insurance plans have deductibles, copayments, or both associated with surgery, and you will be responsible for payment of these fees in full two weeks prior to surgery.

Most surgical procedures include a 10-90 day period for routine postoperative office visits. Unrelated office visits and procedures during this time period may be charged as new and separate visits.

Team Vision ambulatory surgery center patients seen by Grene Vision Group physicians agree to the transfer of credit balances between these separately taxable entities in the event that a balance is owed to either entity.

**Charity**

We do recognize that some individuals may have the need to receive medical care that is beyond their financial means. Because of this we may provide services at a discounted rate, subject to approval, for those who are without insurance, or of limited means and who do not qualify for government funded insurance programs. If you anticipate financial difficulty in paying for services please ask us for a Financial Hardship Application.

**Thank you for selecting Grene Vision Group, LLC for your vision care.**