

ERIC S. HUSSEY, O.D.
OPTOMETRY OFFICES, P.S.
PATIENT BILLING PROCEDURES

It is the intent of our business to offer quality vision care to our patients, and when needed, quality lenses, frames and other materials. We ask that our patients follow these financial guidelines when receiving vision care:

1) Please check with our receptionist before seeing the doctor. Arrangements will be made at that time to bill your insurance or for private payment. We need your **vision and medical** insurance information.

***Are we billing the correct insurance? Are you sure Dr. Hussey is contracted with your insurance?** If we are not contracted you will be billed personally for all charges.

***Are you eligible at this time** for vision care to be covered by your insurance? If not, you will personally be held responsible for all charges.

***Do you need a referral** from your PCP (primary care physician) for today's visit? If a referral has not been arranged before seeing Dr. Hussey, those charges will become your personal responsibility, as they cannot be billed to an insurance company.

2) If you have no insurance to cover your exam, we expect not less than 50% of our charges to be paid at the time of service. **We do not release lens prescriptions until accounts are paid in full.**

3) We are happy to assist you in claiming benefits through your vision and medical insurance plans, **if we are contracted**; however, our agreement is with you, and not your insurance. Therefore we hold you responsible for all fees.

4) We will attempt to bill your insurance company before you receive a statement from our business. If we are not contracted with your insurance we will be happy to provide you with all procedure codes for you to bill yourself. When you receive our statement, the "Patient Balance" is your responsibility.

5) Patients without vision hardware insurance will pay 50% of the total charges before lenses will be ordered. Another payment is due when lenses or glasses are dispensed. We do not mail hardware until the account is paid in full. *Contact lens orders not picked up within 60 days of order date will be charged a 20% restocking fee.

6) Divorce: The parent who physically brings a child into this clinic is responsible for payment.

7) **All charges are PAYABLE MONTHLY and DUE IN FULL WITHIN 90 DAYS of the initial statement. A service charge of 1.5% will be added to unpaid balances over 30 days.**

I have read and understand the **PATIENT BILLING PROCEDURES** as stated above.

Signature _____ Date _____