

Financial Policy

Thank you for choosing Tarr Family Eyecare as your eye care provider. We are committed to building successful relationships with patients. Your clear understanding of our Financial Policy is a part of that professional relationship. We encourage you to ask if you have any questions about our fees, our policies, your responsibilities for payment or your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc.).

Co-Pays, Co-Insurance, and Deductibles

The patient is expected to present a current insurance card at each visit. All co-payments and previous balances are due on the day of service, unless previous arrangements have been made with a billing coordinator. We accept cash, check, Visa, MasterCard, Discover, and American Express. Co-insurance, deductibles, and fees for non-covered services will be collected at the time services are rendered. If your previous balance is not paid or previous arrangements have not been discussed with the billing department, the examination, testing, or surgery may be rescheduled or canceled.

Insurance Claims

We will bill your primary insurance company and secondary insurance as a courtesy to you. In order to properly bill your insurance company, we require that you disclose all insurance information, including primary and secondary insurance, as well as any change in your insurance information. Failure to provide complete insurance information may result in you being responsible for the entire bill. Although we can estimate what your insurance company may pay, the insurance company makes the final determination of your eligibility and benefits. We may be able to verify your insurance benefits prior to your visit, but you, the patient, are ultimately responsible for knowing what your plan will cover. You will be responsible to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network for your insurance company and your insurance pays you directly, you are responsible for payment.

Referrals and Preauthorizations

If your insurance company requires a referral and/or preauthorization, we will do our best to obtain it for you. Ultimately, you are responsible for making sure that the referral and/or preauthorization is obtained. Failure to obtain it may result in a significantly lower payment from the insurance company, and the remaining balance will be your responsibility.

Self-pay Accounts

Self-pay accounts refer to:

- Patients without insurance coverage
- Patients covered by insurance plans in which the office does not participate
- Patients without an insurance card on file with us
- Liability cases*

**We do not accept attorney letters or contingency payments.*

It is always your responsibility to know if our office participates in your plan. If there is a discrepancy in our information, we will always consider a patient self-pay unless proven otherwise. Self-pay patients will be required to cover services rendered at the initial appointment. If you have extenuating circumstances, please ask to speak with a

billing coordinator to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients. We only seek to provide the best care possible with the least amount of stress.

Returned checks

The charge for a returned check is \$30, payable by cash or money order. This will be applied to your account balance in addition to the insufficient funds amount. You may be placed on a cash-only basis following any returned check.

Minors

The parent(s) or guardian(s) is responsible for full payment. Payment must be made prior to treatment of the minor. A signed Release to Treat Form may also be required for unaccompanied minors.

Outstanding Balance Policy

Once we receive the explanation of benefits from your insurance carrier, you will receive a statement in the mail for any balance due. Upon receipt of the statement, payment in full is expected. Please call our office to discuss a payment arrangement if you are experiencing financial difficulty.

If we receive no response from you and payment is not made on your account, we will mail you a final notice with intent to turn your account over to a collection agency and report the problem to the credit bureau. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs, including third party costs, attorney fees, and court costs.

Regardless of any personal arrangements that a patient might have outside of our office, if you are over 18 years of age and receiving treatment, you are ultimately responsible for payment of your services. Our office will not bill any other personal party.

This financial policy helps the office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.