



# Patient Financial Policy

Our office has attempted to gain information and/or preauthorization from your healthcare and insurance provider. If your insurance requires referral for full benefits to be paid, it is your responsibility to verify that the referrals are in place prior to your visit.

You will be responsible today for any co-pays, deductibles, co-insurance and non-covered expenses. If you do not have insurance payment in full at the time of service, we do provide financial arrangements if needed.

Our facility will file both primary, secondary and tertiary insurance claims for medical services rendered. We cannot file claims correctly without accurate information from you. Proof of insurance must be presented at each visit.

I understand that I am responsible for payments of fees for any specialized test requested by my physician for diagnostic purposes if my Medicare or Insurance company denies payment of such diagnostic test for any reason.

North Texas Eye Center (NTEC) is a participating provider for Medicare. This means we must accept Medicare's allowed charge for the services rendered. Medicare will pay 80% of the approved amount. The patient is responsible for the remaining 20%, plus any out-of-pocket deductible. We will write off the difference between what we charge and what Medicare approves. If you have secondary insurance, we will submit the claim for the remaining balance after Medicare has paid. Please remember that although we accept assignment for Medicare, the patient, by federal law, is responsible for any portion of the approved amount not paid by Medicare or a secondary insurance company.

In the unlikely event that your payment is returned to us unpaid, we may elect to re-present your payment, either electronically or by paper draft, to your financial institution up to two more times. We may also collect a return processing charge by the same means, in an amount not to exceed that permitted by state law.

## Contact Lens Policy:

1. I understand that in order to get a contact lens prescription, I would need to complete a routine eye examination.
2. I understand that a routine eye exam is needed every 12 months to prescribe contacts.
3. I understand that a contact lens fitting is an additional charge.

**Contact Lens Return Policy:** North Texas Eye Center (NTEC) requires any contacts that are returned to be in the original container they were delivered in. NTEC cannot return defective lenses without the original packaging and you would be held financially responsible for the lenses without it. Financial Obligation for ordered lenses is initiated at the time the order is placed

**Divorced or Separated Parents:** I understand that I'm responsible for payment of all services rendered. Any court ordered judgment must be between the individuals involved, without including our practice (North Texas Eye Center)

I have been provided with the information above and understand that preauthorization by my insurance provider is not a guarantee of payment on my claim. I also understand that all remaining balances are my responsibility and will be paid to North Texas Eye Center within 60 days of notification.

My signature on this form will also serve as a "signature on file" for processing insurance claim forms and show that I understand this office billing policy.

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Print Patient's Name

Date

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Signature of Patient's or Legal Guardian

Relationship to Patient if Not Self

**OFFICE ONLY: Patient Account Number:** \_\_\_\_\_