St. Cloud Eye Clinic
COMPREHENSIVE EYE CARE FOR OVER 80 YEARS

Financial Policy

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ST. CLOUD EYE CLINIC'S FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve this goal, we need your assistance and understanding of our financial policy. Ultimately, any and all financial liability rests with the patient / guarantor.

Our office participates with most major insurance plans. We provide medical, surgical as well as routine ophthalmic care to our patients. We DO NOT participate with ALL vision plans. Benefits for eye exams are based on a patient's diagnosis. A DIAGNOSIS CAN NOT BE MODIFIED TO FIT YOUR PLANS BENEFIT. Therefore, if you have a managed care plan that requires a referral to see a specialist, you must obtain a referral in order for your visit in our office to be covered under your medical insurance. If you do not have the proper referral and still wish to be seen, you will be asked to pay for your visit prior to being worked up by our technicians.

It is the patient's / parent's / legal guardian's responsibility to:

- Be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles.
- Bring all of your current insurance cards to all visits.
- Provide our office with current information including address, phone numbers and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. We accept cash, checks, Visa, Discover, and MasterCard. If you are unable to pay your co-payment at the time of your visit, there will be a $5 statement fee assessed to your account.
- The patient / guarantor is responsible for all fees associated with the collection of any outstanding account balance. These fees will be added to your account.
- If for any reason a claim is denied due to incorrect insurance information supplied to our office by the patient / guarantor, the guarantor will be responsible for the account balance.
- Contact lens evaluations ARE NOT part of a routine eye exam; additional charges apply and must be paid the day of the contact lens exam. This charge is dependent on the type of lens required for your visual needs, charges range from $75 to $150 annually.

We appreciate prompt payment in full for any outstanding balance. If you are unable to pay a balance in full, please notify our billing department immediately and we will try to work out a payment plan with you. Any payment made by check that does not clear your bank account will result in a $25.00 return check fee, which will be added to your account and must be paid before the next visit.

For all services rendered to a minor/dependent patient, the parent/guardian accompanying the patient is responsible for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. We request that you inform the subscriber that their insurance has been used.

By signing below, I acknowledge that I have read and understand the above Financial Policy. I understand and agree I am financially responsible for all charges for services rendered. I hereby assign all insurance benefits to which I am entitled to St Cloud Eye Clinic. I authorize the use of this signature on all insurance claims. I authorize St Cloud Eye Clinic to release all information necessary to secure payment of benefits.

Printed Name of Patient	Patient Social Security # - Mandatory	Patient Date of Birth
Signature of Patient/Parent/Guarantor	Printed Name of Parent/Guarantor	Date