

**Eye Physicians & Surgeons, PC, Atlanta Eyewear & Atlanta Lasik Center**  
**Financial Policy**

Our goal is to keep your insurance and/or other financial arrangements as simple as possible and to accomplish this in a cost effective manner. In order to achieve these goals, we need your assistance and your understanding of our financial policy. Please read and sign below.

- **You are ultimately responsible for payment of services you receive from our office.**
- Co-payments, co-insurance, deductibles and any non-covered services are collected at the time of service.
- **Certain procedures are non-covered services under insurance policies; therefore, payment for these non-covered services is required at the time of service unless payment arrangements have been made. Example: Refraction, CPT code 92015, is a service that must be performed in order for the physician to prescribe glasses. This service is generally considered routine eye care and not covered by insurance.**
- If a service is a non-covered service, there are no diagnosis codes that will cause your insurance to pay.
- We will process and file your health insurance claims for services at no cost to you.
- You are responsible for providing us with your current address, telephone number, email address and insurance information at each visit. **Failure to do so may result in non-payment by your insurance company and you will be responsible for payment of services that may be covered by insurance if the information had been provided by you.**
- Returned checks are subject to a \$25.00 handling fee.
- **Unpaid accounts are sent for outside collections and you will be billed and are responsible for all additional fees involved in that process.**
- **Cancellation Fees – We require a 24-hour cancellation of your appointment.** If you fail to give a 24-hour cancellation notice, **you will be charged a \$25 cancellation fee, which must be paid prior to rescheduling your appointment.**
- **No Show Policy – If two appointments result in No Shows, you will not be rescheduled a third time and the cancellation fees apply.**
- **Completion of Forms –** A fee is charged for the completion of forms, such as Disability, FMLA, ADA, School, Camp, Adoption, etc. The fee must be paid before the forms are completed. The cost varies, depending on the amount of time necessary for completion.
- **Copies of Medical Records –** We charge for the copying of medical records. The rates are based on the current Georgia guidelines for retrieval and copying medical records. These rates apply for all requests, whether requested by you, another physician’s office, or any third party (except SSA.) An Authorization to Release Records Form must be completed and signed by you (the patient) before requests are processed. All retrieval and copy fees must be paid, before a request is processed

I acknowledge that I understand and accept this financial policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to patient (if patient a minor)

\_\_\_\_\_  
Print Name