

Galloway Eye Care Professionals, Inc.
Drs. Mattson, Vesler, Moore, and Cardiff
Office Policies for All Patients

****Payment for services is ultimately the responsibility of the patient and/or their responsible party if a minor. Vision insurance plans are designed to share in the cost of your vision care; it may not cover the total cost of your bill.***

Patients with insurance

Patients with insurance are required to pay all applicable co-pays at the time of service. We will do our best to calculate your co-pay accurately. If we overestimate your charges, the excess will be credited to your account or a refund check will be issued. If we underestimate your charges, the remaining balance will be billed to you.

It is your responsibility to provide us with your most up to date insurance information.

Please note: if a particular service is not fully covered or is applied to your deductible, you will be responsible for the remainder of the fee. If a particular service is not covered at all, you will be responsible for the full fee. For any balance due, we accept Cash, Check, Visa, Mastercard, Discover, American Express, and CareCredit.

Well vision exams vs. medically necessary eye exams

VSP, EyeMed, and Superior Vision (Vision insurance plans) only cover "well vision" visits. That is, they do not cover services for medically necessary eye exams, such as exams for diabetes - those exams are covered by your medical carrier. The risks of eye complications are very high in patients with diabetes and so the examination by the doctor is more complex. These exams will be billed to medical insurance first and only to vision if no complications are detected and the medical carrier does not cover the cost of the exam.

Vision therapy visits, vision therapy assessments, and emergency visits are also medical services and not covered by vision plans. Please ask a staff member if you have questions regarding this policy.

Cancellation and no show policy

The appointment made is a time reserved especially for you. We require 24 hours notice for cancellation of an appointment. There will be a \$25 charge for patients who do not show for their appointment and do not call to cancel (No Call/No Show). Patients who No Call/No Show for more than 1 appointment will not be permitted to schedule advance appointments. Patients who repeatedly cancel within 24 hours of their appointment will be asked to seek care elsewhere.

Returned check policy

There is a \$35.00 service charge on all returned checks.

Outstanding balances

All accounts with an outstanding balance that is older than 90 days will incur finance charges of 18% APR or \$2.50/month, whichever is higher.

I have read the above financial and cancellation policies and agree to abide by them. **I understand that I am financially responsible for all charges as well as providing the correct insurance information to Galloway Eye Care Professionals, Inc.**

Signature _____ Date _____

A copy of this agreement will be given to you.