

Delaware Vision Care

Financial Policy

Insurance

If you have insurance, we will do our best to help you receive maximum benefits. Insurance is a contract between you and your insurance company. We are not a party to this contract. We will file insurance claims to your insurance carrier(s) if you have supplied us with all the necessary information. Our office will not become involved in disputes between you and your insurance company regarding deductibles, co-payments, covered charges, secondary insurance, "usual and customary" charges, etc., other than supply factual information as necessary. You are responsible for the items listed above as well as any services considered "not medically necessary" by your insurance company. We participate with most insurance companies, however, if we do not participate with your insurance company, you are responsible for all out of network deductibles and co pays.

Our policy for patients with Cole Vision benefits is that payment is made at the time services are rendered. You will receive a receipt to submit your claim.

Any insurance presented after services or materials have been rendered/ordered is the responsibility of the patient to submit.

Referrals / Pre-authorizations

If your insurance requires a referral and/or pre-authorization for services, you are responsible for obtaining it. Failure to obtain a referral or pre-authorization may result in lower or no payments from the insurance company. You would be responsible for any unpaid balances. You are ultimately responsible for knowing your insurance benefits.

Medicare

We do accept assignment from Medicare. Medicare pays 80% of the allowable fee after your deductible has been met. You are responsible for your Medicare deductible and all coinsurance.

Materials

All materials require at least 60% down to order and must be paid in full at the time of pick-up.

Cash Services

We request that 100% of payment is made at the time of service unless prior arrangements have been made. If your situation requires that you are a self-pay patient (eg. You have no insurance, your health insurance benefits have been exhausted or your co pay or out of network deductible is extremely high), please inquire with the front desk about our cash services policy.

Financial Hardship

It is unlawful to routinely waive/fail to collect or discount co-payments, deductibles, coinsurance or other patient responsibility payments per the federal false claims act, federal anti-kickback statute, state and federal insurance fraud laws. It is also a violation of our managed care contracts. If you have a true financial hardship, please notify the front desk staff. You will need to provide appropriate documentation that shows you are unable to pay medical bills. All information relating to financial hardship requests will be kept confidential.

Print Patient's Name _____

Patient/Guardian Signature _____ Date _____