

Office Policy

Patient Responsibilities

- You are responsible to provide us with accurate billing information for each family member at the time of service.
- Our billing staff is available to provide you with assistance but cannot resolve disputes between you and your insurance company.
- All late payments are subject to a \$5.00 charge. _____

Copayments

- Your insurance company requires you to pay your copay at the time of each visit.
- Your copay may be paid with cash, check, credit card or debit card.
- If your child comes for an office visit without a parent, you are still responsible for the copayment at the time of the visit.
- If you do not have insurance coverage, you will be expected to pay for all services provided at the time of your visit.

Deductibles

- It is your responsibility to understand that any deductibles that may apply to you under your Insurance Policy must be paid.
- Our billing department will send you a statement of the amount your insurance company has determined is applied to your deductible and is owed by you

Insurance Information

- It is your responsibility to ensure that we have accurate insurance information. Presenting an invalid or inactive insurance card will result in full payment by you.
- Medical insurance does not always cover the entire cost of your medical care. If we believe a service we offer is not covered by your insurance coverage, we will tell you. In some instances, however, we do not learn that a service is not covered until after we submit a claim. You are responsible for payment if your insurance company refuses to pay for a service.

Home Address and Telephone

- You will be asked to complete a patient registration form that asks for information about you. Please complete this form to the best of your knowledge and keep us informed of any changes on subsequent visits.
- It is important that we have accurate information on the guarantor. This is the person who is financially responsible for your bills.

Late Patient and No-Show Policy

- If you are an established patient and you arrive 15 minutes late or more to your appointment you will likely be asked to reschedule unless the physician's schedule can still accommodate you.
- If you are a new patient, we ask that you arrive 15 minutes before your scheduled appointment, due to the lengthy registration process. If you fail to do so, you may also be asked to reschedule.
- While we make every effort to provide a reminder call at least 48 hours before your appointment, you may be subject to a \$25.00 charge if you do not keep your scheduled appointment or cancel within 24 hours. _____

Assignment and Release

I understand that I am financially responsible for all charges not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. Recent changes in insurance regulations shorten time frame for claim submissions. I agree to pay any out-of-pocket expenses in full to Dr. Michelle Barnes Optometry within thirty days from today's date for uncovered or denied services by my present insurance company.

Patient Signature _____ Date: _____

HIPAA PRIVACY POLICY

Also available upon request

Our goal is to keep your information as secure as possible. **Please list any authorized family members or friends, so we may add them to your record.** This would give us permission to speak or release anything to this individual, for example any records needing picked up, materials or even if you need someone to call on your behalf. Thank you.
