

Family Eye Care - Dr. Peter K. Dunn

Office Policy

Patient Name _____

In order for our office to provide you with the best service possible, you will need to present the following prior to your time of service:

- Valid Driver's License or other Picture ID
- Current Insurance Cards (medical and vision)

Insurance Patients (In Network):

You are responsible for:

Deductibles

Co-Pays

Non-Covered Services

Co-Insurance

Any items considered not medically necessary by your insurance company

Co-Payments and not medically necessary services must be paid at time of services. The remaining balance should be satisfied within thirty days of notice from your insurance company.

Our office cannot bill insurance not disclosed before services are rendered. We will gladly provide a copy of your charges for any personal reimbursement. The patient will be responsible for any charges, co-pays, or deductibles not paid by your insurance company.

Insurance Patients (Out of Network):

As a courtesy, we will file your insurance. Please be prepared to pay in full when services are rendered. If insurance payment is made, any excess amount will be refunded to the patient.

Patients Without Insurance (Self Pay):

We expect payments for services at the time they are rendered. For those who qualify, our office does offer the Care Credit option for payment.

Medicare Patients:

Our office will submit your Medicare charges to the designated carrier and your secondary insurance. You are responsible for **deductibles, co-pays, and any non-covered services**. An ABN form will be provided for your information and signature regarding charges for services.

Acceptable Forms of Payment

For your convenience, we accept:

Cash

Check - There will be a \$20.00 NSF fee charged on all returned checks.

Visa

Mastercard

Discover

Care Credit

There will be a \$25.00 service charge for an appointment not cancelled 24 hours prior to the scheduled time.

I have read and understand the above information.

Signature of Patient, Parent, or Guardian

Date