

OWENS OPTOMETRICS – Vision Source Signature Eye Care

654 East Main Street, New Holland, PA 17557

PATIENT FINANCIAL RESPONSIBILITY AND ASSIGNMENT OF BENEFITS

FINANCIAL RESPONSIBILITY: I agree to pay Owens Optometrics and its assigns for any and all services rendered or expenses incurred as the responsible person on this account. I understand that charges must be paid in full upon rendering of service. I assign Owens Optometrics all benefits due me for services and expenses uncurrred under any applicable policy of insurance. I understand I am financially responsible to Owens Optometrics for all charges and services not covered by this assignment and agree to pay any remaining balance.

COLLECTION POLICY: An account is considered delinquent when not paid 60 days after original date of service or last payment by insurance and/or financially responsible party. Delinquent accounts will be assessed penalties and will be turned over to a collection agency. I agree that in the event legal action is required to enforce payment of this account, I will pay all court costs, attorney fees and other costs incurred and/or expended as a result of such proceeding.

ABOUT YOUR INSURANCE

Most patients have vision and medical insurance. They are very different in terms of the services they cover, and it is important for our patients to understand these differences.

Vision Coverage (such as VSP and EyeMed) is mainly designed to determine a prescription for glasses or contacts, and to cover a routine check of a healthy patient. It is not equipped to deal with and does not usually cover medical conditions and or treatment plans.

Medical Coverage (such as Highmark, Health America, and Medicare) is designed for medical problems that affect the eyes. It usually does not cover routine services for glasses or contacts. Some medical plans may cover vision screening benefits, but these are very different than an actual eye health examination.

When a medical condition is present that affects your eyes (such as diabetes, cataracts, allergies, dry eyes, floaters, etc.) it is necessary to file the visit with your medical carrier. All co-pays, deductibles and non-covered services will apply.

Insurance carriers set these rules and our office is obligated to comply with them. It is often impossible to know in advance of your examination which type of insurance will be the appropriate one to file your claim with. We make every effort to be on your insurance company's panel. If we participate with your insurance, we will file a claim on your behalf. In the event we do not participate with your medical or vision insurance, we will provide an itemized receipt so that you may file a claim with your insurance for reimbursement.

I understand the paragraph above and authorize Owens Optometrics to file my claim with the appropriate insurance based on the reason for my visit and the results of the examination.

Signature

Date