Berks Eye
Physicians & Surgeons, Ltd.

PAYMENT POLICY

Thank you for choosing Berks Eye for your eye care needs. We are committed to providing you with quality and affordable eye care. Please read the payment policy prior to any treatment, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

PAYMENT IN FULL IS EXPECTED AT THE TIME OF SERVICE.
FOR YOUR CONVENIENCEWE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AM. EXPRESS AND DISCOVER

INSURANCE/CLAIMS SUBMISSION:
Your insurance policy is a contract between you and your insurance company. When you give us the correct insurance information, we submit claims to the insurance companies we participate with and the insurance company will process the claim. Any balance billing you receive for the services provided is your responsibility. Some and perhaps all of the services provided may be non-covered services according to your policy. You are responsible for paying for non-covered services, deductibles, and co-insurance as indicated by your policy. All co-payments and/or refraction fees must be paid at the time of service. If you are covered by an HMO (Health Management Organization) you are required to have a referral from your Primary Care Physician at the time medical service is provided. It is your responsibility to contact your Primary Care Physician. If you do not have a referral, you will be billed and responsible for the services. If you were involved in a motor vehicle accident, or a workman's compensation injury please have your claim number, claim address, a phone number and a contact name. If this is a worker's compensation claim, please make certain we are on the panel of physicians at your workplace. We also require your medical insurance be on file to submit your claims in the event that the claim is denied or exhausted by your auto or workman's compensation carrier.

MINOR PATIENTS (UNDER 18 YEARS OF AGE):
The parent or guardian accompanying a minor child is responsible for full payment. If both parents have insurance, the parent with the first birthday in the year is usually the primary insurer. **Before your appointment,** please check your insurance policy to determine which company is primary. In divorce cases, we will bill the participation insurances. The parent who seeks medical treatment for their child will be the responsible party unless a copy of the court order showing legal liability is presented.

OPTICAL SERVICES:
Full payment is required for all glasses and contact lenses at the time of the order. One of our opticians or contact lens coordinators will review your vision insurance benefits, if applicable, and discuss your benefit options. All orders must be picked up within 60 days of notification that your eyewear is ready, or the order will be cancelled and the patient payment will not be refunded.

BILLING:
A billing statement will be mailed monthly. Payment for all medical services is due 15 days from the date of the invoice. All statements which go unpaid 45 days from the due date will automatically be assessed a $30.00 service fee. After 45 days additional fees will be added including court costs, collection fees, attorney fees, administrative fees and/or interest of 1.5% per month or 18% annum. Please speak to our Practice Manager if you have a financial hardship. A payment plan may be available.

COLLECTION BALANCES:
If you are presently in collections, payment in full payment is required before any new office visits will be scheduled. If you are unable to pay your outstanding balance, you will be referred to the nearest hospital emergency room or the Reading hospital eye clinic for your eye care.

MISSED APPOINTMENTS:
Appointments that are not cancelled 24 hours prior are subject to a $50.00 charge. This charge is not covered by insurance and is the responsibility of the patient.

To indicate that you have read and understand this payment policy, please sign and date below.

Signature of Responsible Party Date