

Keamy Eye & Laser Centre
Financial Policy

HEALTH INSURANCE COVERAGE: We require a photocopy of your insurance card. Your card provides essential information for billing purposes. We need the name, address, phone number, member number and group number for your plan. Insurance companies will not process your claims without this information. If this information is not provided at the time of the visit, the patient will be responsible for payment.

Copays/Deductibles: You are required to know what your current copays are and if you have a deductible. We ask copays to be paid on the day of visit.

No Show Policy: Cancellations must be made within 24 hours of your scheduled appointment. We will charge a fee of \$25 for the first no-show. After the first no-show you will be charged \$50.

Refractions: Routine eye exams for glasses prescription are usually not covered by medical insurance plans and are never covered by Medicare. The cost is 50 we will bill your insurance, you will be responsible for what your insurance does not cover.

Your insurance plan will only pay for covered services and benefits. If you are not sure that a service is covered, please refer to your benefits book or call your insurance plan and ask. You are responsible for all charges not covered by your insurance. Co pays are due at the time of service.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR COVERAGE, CALL THE PATIENT REPRESENTATIVE OF YOUR INSURANCE COMPANY.

If you have any questions regarding our office policies, please call the office at (508) 836-8733

I have read the above policy and understand the terms as it pertains to my particular situation. I agree to discuss any billing issues with the billing manager , I understand that I am ultimately responsible for providing complete information and payment of balances dues.

Date

PATIENT/LEGAL GUARDIAN SIGNATURE