

PATIENT INFORMATION						
LAST NAME TEST	FIRST NAME 1	M.I.	SSN	DATE OF BIRTH 01/01/1950	SEX Unknown	MRN 3990
STREET ADDRESS			STREET ADDRESS CONTD.			
CITY	STATE	ZIP CODE	HOME PHONE	CELL PHONE		

Financial Policy Statement

Thank you for choosing Monadnock Eye Physicians and Surgeons (MEPS). We are committed to providing you the best eye care possible. Please take a minute to review this financial policy statement before initiating your care to avoid the misunderstandings that can arise from varied and complex insurance coverage.

Payment is due at the time of service. We accept cash, checks and credit cards. If the charges for services rendered represent a financial hardship, please meet with our billing staff to set up a payment plan that is appropriate for you.

If you have Medicare insurance:

Deductibles, co-insurances and non-covered services are your responsibility and due at the time of service.

If you have secondary insurance:

We will send a claim on your behalf to any secondary insurance upon receipt of accurate claims submission information. If payment is sent directly to you from your insurance company, we request that you forward payment to MEPS to clear outstanding balances.

Note: "Refraction"—testing of the eyes for glasses—is a non-covered service and is the patient's responsibility. The fee for this service is \$35.00.

Participating insurance plans

All co-pays, deductibles, co-insurance and fees for non-covered services are due at the time of service. If a referral is required by your insurance company you must obtain one from your Primary Care Physician (PCP) prior to your office visit. If we have not received a valid written referral by the time of your visit, you will be asked to sign a Financial Responsibility Waiver agreeing to be responsible for all charges incurred if a valid referral is not forthcoming from the PCP's office.

Indemnity and non-participating insurance plans

Your insurance policy is a contract between you and your insurance company. MEPS is not a party to that contract. Any amount not covered by your insurance company is your responsibility. If payment is sent directly to you from your insurance company, we request that you forward payment to MEPS to clear outstanding balances. If we do not hear from your insurance company within forty-five (45) days any balance will be billed to you.

Usual and customary rates

MEPS is committed to providing the best treatment for our patients, and we charge what is usual and customary for the care we provide. The level of coverage for ophthalmic service varies from one insurance company to another. Any gap between our fees and your insurance coverage is your responsibility and will be billed accordingly.

Payment for minors

The adult accompanying a minor is considered responsible for any payment due. For unaccompanied minors, non-emergency treatment will be deferred until payment has been preauthorized through our billing department.

Missed appointments

Appointments must be canceled in advance otherwise you will be charged at \$50 fee. Please call the office as soon as possible prior to your appointment if you need to reschedule. We regret to impose this charge, however, we find it is necessary due to the increased number of missed appointments. Please help us serve you better by keeping scheduled appointments.

Late payment fee

A \$5 late fee will be added to your balance every 21 days the balance is outstanding unless prior arrangements have been made through our billing department.

By signing below, you consent (agree) that:

- You have read this informed consent form, or someone has read it to you.*
- You understand the information in this informed consent form and all of your questions have been answered.*
- You have been offered a copy of this informed consent form.*

Patient / Agent / Guardian Signature