

Children's Eye Care, PLLC

INSURANCE INFORMATION AND FINANCIAL POLICY

Primary Insurance Company: _____ Group #: _____
Name of policy holder: _____ Policy or ID#: _____
SSN of policy holder: _____ DOB: _____

Secondary Insurance Company: _____ Group #: _____
Name of policy holder: _____ Policy or ID#: _____
SSN of policy holder: _____ DOB: _____

Employer's name: _____
Address: _____ Telephone #: _____

We are committed to providing you and your children with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve that goal, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff.

Health Care insurance today is complicated. It is important that you understand the following:

1. Your insurance is a contract between you, your employer and the insurance company.

2. Our fees are generally considered to fall within the acceptable range by most insurance companies, and therefore are covered up to the maximum allowance determined by each carrier. The maximum allowance for your insurance may not cover the entire cost of your visit and, if so, **the patient is still liable for the remaining balance.**

3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. For example, **most insurance policies will not cover routine eye exams and refractions, thereby making the patient completely responsible for the charges.**

We must emphasize that, as medical care providers, our relationship is with you, not your insurance company. We will gladly discuss your proposed treatment and answer any questions relating to your insurance.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We are happy to help make your visits to us affordable for you, and will work with you to establish a plan that can work for everyone.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help.

SIGNATURE: _____ DATE: _____