



Financial Policy & Agreement

Thank you for choosing Office Park Eye Center and/or Onslow Ophthalmology, PA for your eye care needs. We are committed to delivering outstanding health care services to you, our patient. As a part of our professional relationship, it is important that you understand our financial policy. We encourage you to discuss any questions you may have regarding our policies with our staff.

All patients must read & sign this form prior to receiving services.

- **It is your responsibility to provide us with your most current insurance information.**
 - If you fail to provide accurate insurance information in a timely manner, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered.
 - We must emphasize that, as medical providers, our relationship is with you, the patient, and not your insurance company. Your insurance is a contract between you, your insurance company and possibly your employer. It is your responsibility to know and understand the level of services covered by your insurance company.
 - We may accept assignment of insurance after verification of your coverage. Please be aware that your insurance company may not fully cover some, or perhaps all, of the services provided. **You are financially responsible for services not considered a benefit by your insurance company. The practice does not accept any financial liens.**
 - Before receiving services, you must verify that we are participating providers for your insurance company. It is also necessary that your primary care physician is listed as your primary care provider with your insurance company, if required by your contract with your insurance company. In the event we are not participating providers or our physician is not listed as a participating provider with your insurance company, we will file the initial claim as a courtesy. Payment, however, is due in full at the time of service.
 - Copayments, coinsurance and/or deductibles are due at the time of service. We will estimate the amount you owe based on information we received from your insurance company. However, you are responsible for paying the full amount determined by your insurance company once they have paid your claim – **regardless of our estimation. Please note: It is unlawful to routinely avoid paying your copay, deductible or coinsurance.** Unless you complete a “Financial Hardship” form and qualify for financial assistance under Federal Standards, you may NOT routinely evade paying your responsible portions for medical care as outlined in your insurance plan. Failure to comply places you in violation of the following laws: Federal False Claims Act, Federal Anti-Kickback Statute, Federal and State Insurance Fraud Laws. You may contact the Office of the Inspector General for additional information.
 - If you do not have insurance, the practice will provide a cash discount for professional services will be given if your balance is paid in full on the day services are rendered, excluding payment with the CareCredit Card.
 - Payment in full is expected at the time of delivery for all optical goods: contact lenses, contact lens supplies and for glasses and optical accessories.
- **It is your responsibility to provide us with your most current billing information.**

- You must provide your most current billing address, all available telephone numbers and any other important contact information. **If your address or contact information changes, it is your responsibility to contact us with the updated information.**
- We will send a statement (to the billing address you provide) notifying you of balances owed. If you have any questions or dispute the validity of the balances, it is your responsibility to contact our billing office within 25 days after receipt of the initial statement. You may call (910) 355-3937 or (910) 340-1364 to reach our billing office.
- **Payment in full is due upon receipt of the statement.** Patient balances not paid in full within 25 days of the statement issue date are deemed past due.
- If you are not able to pay the balance due in full, you must contact our billing office to discuss a payment schedule. Any late fees already incurred on past due balances will be included in any mutually agreed upon arrangements. If you fail to make payments as agreed upon, your account may be referred to a professional collection agency and/or attorney. **You will be responsible for all statement fees incurred, including attorney's fees and court costs if applicable.**
- In the event you submit payment by check and the bank returns the check unpaid for any reason, we will add \$30.00 to your original balance. In addition, we may seek all additional legal remedies provided to us under North Carolina law.
- I authorize Office Park Eye Center to apply any credit balances on my patient account to any other outstanding charges still owed by me, my spouse, or my dependents, regardless of whether these charges are related to my treatment. Additionally, I agree, in order for Office Park Eye Center to service my account or to collect any amounts I may owe, the practice or their assigned agents, may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to my account.
- Miscellaneous Provisions: Except as provided in this paragraph, this agreement shall not be modified or revoked without the expressed, written consent of Office Park Eye Center. I hereby revoke with the practice's consent, the terms of any previously signed documents, but only to the extent those terms conflict with the terms of this agreement. I agree that each and every provision of this agreement is reasonable and necessary. However, should any provision of this agreement be found to be invalid, illegal or unenforceable, or for any reason cease to be binding on any party hereto, all other portions and provisions of this agreement shall, nevertheless, remain in full force and effect. This agreement shall be governed under the laws of North Carolina.
- We may use and disclose your personal information to remind you of your appointments through email, texting and phone calls. If you wish to opt out of appointment reminders please let our staff know.
- **Failure to keep your account balance current may require us to cancel or reschedule your appointment.**

Full payment is due at time of service. We accept cash, debit/credit cards & CareCredit (with appropriate ID).

I have read and understand this Financial Policy.

Signature of Responsible Party

Date

Relationship to Patient

Patient Name

Patient Date of Birth

Important Clinic Policies for a Successful Relationship

The mission of Office Park Eye Center's physicians and staff is to provide and support the highest quality medical, surgical and comprehensive eye care possible. Our professional staff pledges to make your time with us informative, comfortable and enjoyable. We take great pride in helping you achieve not only better vision but a better quality of life. To make this possible we adhere to a set of very important policies. Please read them carefully, initial by all the boxes.

Late Policy: Late arrivals may be rescheduled so that other patients may be seen on time. The practice may offer an appointment with the same or different provider., however, there are no guarantees since openings due to cancellations are unpredictable. Please call if you are running late. Thank you!

24-Hour Advance Notice Fee: If you wish to cancel or change an appointment we require a minimum 24 hour advance notice, or a \$25.00 fee may be assessed. Proper advance notice allows another patient time to make an appointment in place of yours and keeps the clinic operating at its most efficient level. Please be courteous and responsible. Thank you!

No-Shows Are Bad: If you fail to show for an appointment without advance notice we may require you to pay a \$25.00 fee to continue your care. Please contact the office as soon as you are aware that you will be unable to keep your appointment. Thank you!

Cell Phones: Cell phone use is restricted in our clinic. We realize emergencies may arise and therefore allow you to carry your cell phone during your appointment, however, please be courteous and set your phone to silent mode or turn off. Our HIPAA policy prohibits the use of our phone's camera while you are in our practice. Thank you!

Multi-Family Appointments: The practice does not schedule more than two family members on the same day. In the event you schedule family appointments and fail to cancel within 24 hours you may not be permitted to schedule future family appointments on the same day. More than two missed appointment would be an undue hardship on the practice. We welcome families to the practice and our appointment scheduler will work with you to fit your needs.

Children Requiring Supervision: Children who do not have an appointment and require supervision are not allowed to attend appointments with you. If your child does not require supervision and is capable of waiting for you quietly then you may bring them. If any disturbance is caused to other patients or staff members you may be asked to terminate your session early and attend to your child.