

## **Assignment of Benefits and Financial Policy Agreement**

1. As long as you provide us with your insurance documentation on the date of your visit, Tidewater Eye Centers PC will file the insurance claim with the primary, secondary and tertiary insurance carriers as a courtesy to you. However, an insurance policy is a contract between the patient and their insurance company. **You acknowledge that you will be responsible for all charges not paid by the insurance company, except as otherwise specified by law.**
2. It is the patient's responsibility to provide referrals from primary care physicians and other necessary documents, if applicable, no later than the day on which we provide care.
3. All payments are due at the time of service for medical services or date of order for optical services. Such payments include but are not limited to co-pays, deductibles, charges related to insurance plans with which we do not participate and charges for self-pay balances.
4. Accounts with outstanding balances will be turned over to a collection agency if not paid in full by **90 days** following the date of service (for self-pay patients) or the last insurance payment. However, exceptions (that reduce or extend this 90 day period) may be made when reasonable in our judgment on a case-by-case basis or when dictated by requirements set forth by the insurance carrier. Before turning any account over to collections, we will attempt to contact the patient or their responsible party. **PLEASE NOTE: If the account balance is forwarded to a collection agency, the patient will be released from the care of Tidewater Eye Centers.**
5. Monies due on unclaimed optical orders will be turned over to collections as early as 30 days after orders are placed. If optical orders are modified after orders are placed with optical labs, patients may owe a balance on the original order if our optical lab has already cut lenses, etc.
6. If your account is referred to an attorney or collections agency, you agree to pay all collections costs including attorney or collection agency fees of thirty-three and one-third percent (**33 1/3%**) of the principal amount turned to collections.
7. You hereby assign to Tidewater Eye Centers PC for its services to you any benefits available for such services under insurance policies, workers compensation, governmental agency, disability, or other programs. Similarly, you hereby assign to Tidewater Eye Centers PC any proceeds from settlements, judgments or verdicts in your favor from third party liability claims for your injuries treated by Tidewater Eye Centers PC. With respect to such third party liability proceeds, Tidewater Eye Centers PC will be deemed to have a claim in an amount equal to its normal charges for services rendered, together with attorney fees, costs, and interest, as applicable. Tidewater Eye Centers PC will be deemed to have a lien against the proceeds in such amount. You agree that Tidewater Eye Centers, PC will be authorized to receive direct payment of all assigned benefits/proceeds, and that any attorney, insurance carrier or agency handling or disbursing such benefits or proceeds is hereby authorized and directed to withhold and promptly pay over to Tidewater Eye Centers, PC the lesser of the full amount of its charge or the total proceeds or benefits available, without offset.
8. To the extent necessary to determine liability for payment and to obtain reimbursement, you agree that Tidewater Eye Centers, PC may disclose your record to any appropriate party related to the Social Security Administration, insurance or benefit payer.
9. Tidewater Eye Centers requests that patients give **24 hours notice** when they will not be able to keep a scheduled appointment. If appropriate notice is not given, Tidewater Eye Centers may charge a **\$35.00 No Show Fee**. Certain circumstances may allow this fee to be waived by the appropriate director or administrator.
10. **X \_\_\_\_\_** **By initialing on this line, I agree to pay \$30.00 for my refraction charge at the time this service is rendered and/or the prescription is dispensed.** The refraction is a separately billable service that consists of the technician or doctor placing different lenses in front of your eyes to give the best vision for glasses and/or contact lenses. The refraction is deemed a non-covered service by most insurances, including Medicare, Medicaid, and supplemental plans. If your insurance does cover this test, then you will be refunded once they have provided payment. There are a select few insurances for which we will not collect

this fee at the time services are rendered; however, this does not release you from payment if the insurance guidelines change. Further details of the need for this test can be provided by your technician or doctor.

**By signing below, you represent that you have read and fully understand this agreement, and that Tidewater Eye Centers, PC has made no representations not stated on this financial policy. Photocopies of this agreement will be deemed to be duplicative originals for all purposes.**

**Signature: X** \_\_\_\_\_ **Date:** \_\_\_\_\_