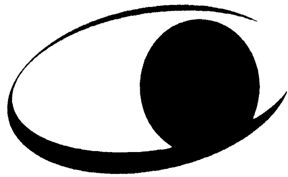

Our Financial Policy

Eye Associates Group, LLC
Low Vision Centers of Indiana

Thank you for choosing us as your vision care providers. We are committed to providing you with the best possible care. Please help us continue to provide the quality of service and material you expect by reviewing our financial policy.

Payment for services and materials are due at the time services are rendered unless prior arrangements have been made as outlined below. We accept cash, checks, debit and credit cards including Visa, Master Card, American Express and Discover.

Private Insurance

Insurance can be confusing, and we want to help minimize any problems you may experience regarding payment from your insurance company for your services. Due to the thousands of insurance companies that offer vision and medical benefits, we realize the need to inform you of our policies regarding insurance filing.

Your insurance policy is a contract between you and your insurance carrier. Your bill with our office is your responsibility regardless of insurance payment. It is the responsibility of the patient to provide this office with current information. This office will file claims for all insurances we are participating with and other claims as a courtesy to our patients. You may be responsible for any deductible or any other non-covered amounts. If your insurance payment is not received within 60 (sixty) days, the balance will automatically be assumed to be due from you.

Insurances We Participate With

We participate with the following insurance companies:

- Medicare
- Medicaid
- EyeMed Vision Care
- CIGNA Vision
- Anthem Blue Vision
- AARP
- Vision Service Plan® (VSP®)
- Integrated Health Plan (IHP)
- Davis Vision

Continued on Back

Insurances We Participate With Continued
*Medicare, Medicaid and Integrated Health Plan are the ONLY plans accepted in our Indianapolis office.
*Medicare, Medicaid, Integrated Health Plan and VSP® are the ONLY plans accepted in our Fort Wayne office.
Our staff will collect any applicable co-payments and charges for non-covered services or materials from you at the time of service and before materials can be ordered. We will file a claim for services to your insurance company and expect to be reimbursed by your insurance company. Please be aware that payment from your insurance company cannot be guaranteed, and benefits are not determined until your claim is processed. You will be financially responsible for any claim your insurance company denies.

Vocational Rehabilitation Services
We participate with Vocational Rehabilitation Services. Authorization is required. If you have insurance coverage, it is your responsibility to provide us with the current insurance information. We are required to file all insurance claims before submitting a claim to Vocational Rehabilitation Services. We accept assignment on these claims; however, payment may be made directly to you. If you receive payment from your insurance company, you agree to bring in the payment and explanation from your insurance company so that we may file any remaining balance due with Vocational Rehabilitation Services.

Worker's Compensation
We require pre-authorization from your employer. This practice will file your claim to the appropriate carrier. However, if the worker's compensation claim is later disputed, you will be responsible for payment in full.

Collection/Bankruptcy/Late Fees
If your account becomes delinquent and sent to any outside agency or attorney for collection, you will be responsible for all costs, including agency fees, attorney fees, interest, court costs and any other related expenses. This practice reserves the right to discontinue the physician/patient relationship. In the event of default in payment, you agree that reasonable collection agency fees equal to fifty (50%) percent of the delinquent balance and reasonable attorney fees shall be added to the amount due on the account, plus any applicable court costs. Interest rate of 1.5% may be applied monthly to accounts over 30 days.

Returned Checks
There will be a $25.00 fee charged for all returned checks. The amount of the returned check and $25.00 fee must be paid within ten (10) days.

I acknowledge receipt of this Financial Policy (sign)____________________________

Revised 3/12/09