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This practice is committed to providing the highest quality of care to our patients. In order to do this, we must maintain excellence in the clinic, as well as in our business office and other areas of the practice. Medical costs continue to rise and reimbursements continue to decline so it is our policy to effectively manage our patient accounts to minimize cost increases which directly impacts you, the patient.

The purpose of this policy is to provide guidelines and specific instructions related to gathering and maintaining accurate patient information, billing for services rendered, and efficient collection activity. Please note, these instructions may be modified periodically to ensure we maintain efficient and appropriate protocols related to the business office functions.

It is the patient's/parent's/guardian's responsibility to be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles. We will file your insurance, but please be aware that payment for services is ultimately your responsibility.

For your convenience, we accept cash, check, VISA®, MasterCard® and Discover Card®

Any payment made by check that does not clear your bank account will result in a \$25.00 returned check fee, which will be added to your account and must be paid before the next visit.

Insurance and Patient Identification

Verification of insurance must be done at each patient visit. Insurance verification will include deductible, co-insurance and co-pay. If we cannot verify your insurance, you will be responsible for all charges at the time of service. We will also request a valid driver's license to verify patient identity and address information.

Refractions

Refraction is the process of determining the eye's refractive error, or need for corrective glasses and/or contact lens. Medicare does not cover the refraction charge. Our refraction charge is \$45 and will be collected at time of service.

Co-pays

In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. We collect co-pays at check-in.

Self-Pay

If you do not have insurance or if you elect to have a non-covered procedure (for example, LASIK surgery), you are responsible for all charges at the time of service. We do offer cash pay discounts made at the time of service. If you need a payment plan, we will be happy to meet with you to arrange a payment plan *prior to being seen by our clinic*.

Patients with balances

If you have a balance on your account, you will be required to pay the balance when making a new appointment or at check-in. If you need a statement printed or an explanation of the charges, we will be happy to accommodate your request; however, all balances must be paid prior to being evaluated by an EAW physician.

Surgery Patients

Any patient who cancels a scheduled, elective surgery without giving more than two (2) business days notice prior to surgery, or does not show up for surgery, will be charged a cancellation fee of \$250.00. Legitimate emergencies will be taken into consideration.

I have read and understand the EAW Patient Payment Policy.

Patient Signature

Date