



Patient Information

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Northern Address (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date (Mo/Day/Yr): \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Primary Name of Insurance: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Birth Date (Mo/Day/Yr): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Policy Holder Policy Holder

Secondary Name of Insurance: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Birth Date (Mo/Day/Yr): \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Policy Holder Policy Holder

Family Physician: \_\_\_\_\_

Optometrist Name: \_\_\_\_\_

Referring Physician Name: \_\_\_\_\_

Emergency Contact (Relationship): \_\_\_\_\_ Tel: \_\_\_\_\_

How Did You Hear About Us?

Friend  Referring Doctor  E-blast  Website  Billboard  Radio  Print  Other

Patient Electronic Information Disclosure

Patients in our practice may be contacted via email or text messaging for appointment reminders, eyewear ready notifications, and other communications related to The Eye Associates services, health care news, new technology, special offers, etc. If, at any time, you do not wish to receive these communications, you can revoke permission by following the "unsubscribe" information at the bottom of any email or by replying "STOP" to any text message you receive from us.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Financial Policy

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## EHA Company-wide Practice Financial Policy 20250228 v2

Effective Date: 04/07/2025

Thank you for choosing The Eye Associates for your eye care needs. To ensure clarity regarding financial responsibilities, we ask all patients to read and sign our financial policy.

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### 1. Insurance & Billing

- We participate with many insurance plans; however, it is the patient's responsibility to verify coverage and provider participation with their carrier.
- Patients must present valid insurance information and patient identification at each visit.
- Copayments, deductibles, and any non-covered services must be paid at the time of service.
- Patients are responsible for any outstanding balances, as well as copays, estimated co-insurance, unmet deductibles, and any non-covered services at the time of service.
- If your insurance denies a claim related to incorrect insurance information, benefit design or maximum benefits reached, or non-covered items, you are responsible for the full balance.

### Vision Plans vs. Medical Insurance

- Vision Plans cover only routine eye exams when there are no complaints or prior medical history. In addition, vision plans often have benefit designs that may limit how often you can be seen for routine care or obtain glasses or contact lens prescriptions.
- Vision benefit designs are authored by your employer, other insurance managers, or health insurance exchanges, and we must follow the coverage limitations they establish.
- Medical Insurance is used when there is an eye disease, the need for evaluation and management of an eye condition, or when a systemic disease (e.g., diabetes, hypertension) may affect eye health.
- It is possible to have a routine visit billed to a vision plan with a defined copay or co-insurance. However, during the exam, the doctor may discover the need to perform diagnostic testing or perform a minor procedure to address a medical concern. In this circumstance, you may incur a second copay or co-insurance from your medical insurance. You will be billed for these charges after your insurance has adjudicated the claim(s).

### Refraction

- Refraction is a procedure that, when recommended and performed by your physician, is an essential tool used to determine both your glasses prescription and to rule out a refractive error that may be interfering with your medical eye diagnosis and treatment.
  - Refraction is often not covered by insurance. If refraction is not covered by your insurance, you will be responsible for payment in full at the time of service.
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### 2. No Surprises Act Billing

- In accordance with the No Surprises Act, patients who schedule elective operative procedures more than 3 days in advance will be presented with a Good Faith Estimate of their expected out-of-pocket costs.
  - This estimate includes the anticipated costs for the procedure, provider fees, and any related services.
  - The Good Faith Estimate is based on information available at the time of scheduling and may be subject to changes based on the actual services provided.
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### 3. Pediatric Patients & Dependents

- Insurance for minor children (under 18 years old) will be billed in accordance with state insurance laws that govern coordination of benefits.
  - We will not bill "the best insurance" but will follow the state-mandated order of coordination of benefits.
  - By default, the parent holding the primary insurance policy will be billed unless we are specifically directed otherwise by court order or written instructions from the custodial parent.
  - Once a child turns 18, they are considered a legal adult and will be held fully responsible for their own medical bills.
  - Unpaid balances for patients 18 and older on the date of service may be sent to collections, which could impact their credit score.
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### 4. Worker's Compensation

- If you are injured at work or if your visit is related to a prior work-related injury, we cannot bill your vision plan or medical insurance—we must bill your Worker's Compensation Managed Care Organization (MCO).
- You are responsible for providing:
  - The name of your Worker's Compensation MCO
  - Your case worker's information

- The original date of injury
- A history of where you were treated for the injury if this is not your first time seeking treatment for it
- If we do not receive this required information, you will be held responsible for the bill.

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### 5. Optical Materials (Glasses & Contact Lenses)

- All payments for optical materials (glasses and contact lenses) are due at the time of order.
- Materials will not be ordered without full payment in advance.
- Any remaining balance on optical materials not covered by insurance is due in full at the time of purchase.
- Optical materials are considered custom-made products and may not be eligible for refunds or exchanges once ordered.

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### 6. Charges for Medical Records & Forms Completion

- We may charge patients for paper copies of their medical records.
- Charges will be in accordance with state regulations, which determine the base fee and per-page rates.
- There is no charge when medical records are requested by another physician, hospital, or other qualified medical providers for continuity of care.
- Additional fees may apply for completion of medical forms, including but not limited to:
  - Disability forms
  - FMLA (Family and Medical Leave Act) paperwork
  - Insurance claim forms
  - Other administrative documentation
- Fees must be paid before forms are completed and released.

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### 7. Self-Pay Patients

- Patients without insurance or those receiving non-covered services must pay in full at the time of service.
- Self-pay fees are discounted from our regular fees.
- Payment plans are available and tiered based on the total balance owed. Payment plans cannot be extended beyond 6 months.

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### 8. Accepted Payment Methods

We accept the following forms of payment:

- Cash
- Personal Check (A fee of \$45 will be charged for any returned checks.)
- Debit Cards
- Major Credit Cards (Visa, MasterCard, American Express, Discover)
- Flexible Financing through CareCredit (subject to approval)

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### 9. No-Show & Late Cancellation Policy

- In the event you miss your scheduled appointment, you may be charged a missed appointment fee up to \$50 unless more than 24 hours advance notice is provided to our staff.

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### 10. Outstanding Balances

- Unpaid balances must be resolved before scheduling future appointments.
- Accounts overdue by 90 days will be referred to collections and may incur additional fees as well as impact your credit score.

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### 11. Refund Policy

- Refunds for overpayments will be issued after insurance claims are fully processed.
- Patients may request a refund for items they believe were overpaid or not received. A billing specialist will examine the account and determine refund eligibility.
- Refunds will be processed within a reasonable timeframe after review and approval.

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**By signing below, I acknowledge that I have read, understood, and agree to the terms outlined in this financial policy.**

**Patient Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_