



**FINANCIAL POLICY AND AGREEMENT
FOR ASCEND VISION PARTNERS AND ITS AFFILIATED PRACTICES**

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. The following information outlines your responsibility related to payment and appointment reservation for professional services. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

Insurance: At each visit we must verify your current insurance. If we are unable to verify insurance coverage, you will be responsible for the total visit amount at the time of service. Please contact your insurance company directly with any questions you may have regarding your benefits and coverage.

Co-payment: A copayment is a dollar amount set by your insurance company which you are responsible for at each visit. Some insurance plans may also have a coinsurance, in which you may be responsible for a percentage of healthcare costs in addition to your copay or deductible. All co-payments must be paid at the time of service. We accept check, card, and CareCredit.

Deductible: An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay. Payment will be due at time of service if your deductible has not been met.

Co-Insurance: Is the percentage of responsibility that you must pay after your deductible is met and is applied to your maximum out of pocket balance. Most insurance plans state, once your maximum out of pocket balance is met, your insurance plan will pay 100% of your medical expense.

Referrals: If your insurance company requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain one. If the referral is not sent to us prior to your scheduled appointment, you may be asked to reschedule the visit until we have a valid referral on file. It is also your responsibility to ensure that your PCP is listed correctly with your insurance company. If the PCP is not correct at the time of service, you will be responsible to pay for the cost of services rendered.

Treatment of Minors: Patients under the age of 18 must be accompanied by a parent or legal guardian to their first appointment to meet the clinician and complete all necessary paperwork. All co-pays or monies due are expected to be paid at the time of each service.

Non-Payment: If a patient does not pay all balances by the time of check-in, we will delay services, and the patient must reschedule their appointment until all balances are paid in full.

Self-pay: Patients who do not have insurance coverage are considered self-pay. Payment in full for services provided are due at the time of service for self-pay patients.

I have read and understand the Financial Policy and agree to its terms.

Signature of patient or legal representative: _____

Printed name of patient or legal representative: _____

Relationship to patient: _____

Date: _____