KISIOLEK EYE CENTER

300 Audubon Road
Howards Grove, WI 53083

Phone: 920-565-3991
www.kisiolekeyecenter.com

Financial & Insurance Agreement

We are committed to providing you with the best possible service and are pleased to discuss and explain our professional fees with you at any time. Your clear understanding of our financial and insurance policy is important to our professional relationship.

- **A 24 hr notice is requested when rescheduling or canceling an appointment.**
- **Patients who are 10 minutes late or more may need to reschedule or wait.**
- Full payment is due at the time of service unless other arrangements are made prior to seeing the doctor.
- No Insurance? No Problem! We offer a prompt pay discount for professional services when medical insurance and/or vision plan benefits aren't available or used. Ask for your 'Good Faith' Estimate prior to checking in!
- For your convenience, our office accepts cash, check, Visa, Mastercard, and Discover. A $35.00 returned check fee will be assessed for any returned checks.

Will we be working with medical insurance or vision benefits during your visit? Kisiolek Eye Center makes every effort to be a provider on many of the major medical insurance carriers and vision plans - as a courtesy, we will file those claims for you.

- If you are unsure of the status of your insurance, please verify that it is active and available prior to scheduling an appointment.
- All insurance information must be presented prior to services being rendered.
- In the event that we are out-of-network for your medical insurance/vision plan or if you are unable to provide insurance prior to your visit, we will provide you with an itemized receipt so that you may file with your carrier for reimbursement. **Payment in full for all services rendered are due on the date of service.**

Regarding your Health and/or Vision Plan:

- Please understand that your insurance company, not our office, determines your medical insurance and/or vision plan benefits.
- **Not all services are covered benefits in all contracts.** As a courtesy, we will attempt to verify your plan eligibility for services and/or materials before your appointment. This is not a guarantee of payment. It is your responsibility to be familiar with the services your plan covers.
- Because individual plans vary, our staff will do their best to explain your coverage to you.

Associated Fees:

- **Contact Lens Fees:** Contact lens evaluation services may not be included as part of your routine vision benefits and additional fees may apply. Fees/copays are customized according to the complexity of care and the predicted time necessary to care for the patient. There are additional fees associated with contact lens insertion and removal training for first time wearers.
- **Refraction Fee:** The part of your exam that determines your prescription is called refraction. Refraction is also done under certain circumstances for diagnostic purposes. If you have routine vision benefits such as VSP or Eyemed, your refraction is typically included with your exam benefits. Medical insurances that do not include routine vision benefits do not cover refraction. The fee for refraction is $70.

I acknowledge that it is my responsibility to know and understand my medical insurance and/or vision plan benefits. I agree to be responsible for all fees not covered by my medical insurance and/or vision plan benefits - or should my insurance company deny payment to Kisiolek Eye Center.

INFORMED CONSENT AND DISCLOSURE:

I have read, understand, and agree to the above and I authorize "Kisiolek Eye Center" to submit and to sign insurance claims on my behalf. I also authorize the release of any information pertinent to my insurance company or their agents. I understand that this authorization is a direct assignment of my rights and benefits under my policy and that the payments will be paid directly to "Kisiolek Eye Center".

Responsible party for Financial Policy:

Print Name:	*Signature:*

Insured Name and Date of Birth (MM/DD/YYYY):

Print Name:	*Birthdate:*

Date: