



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. Please understand that your eye health is our top concern and our talented doctors take the time needed to diagnose and treat each patient according to their individual needs. *Your doctor-directed diagnosis from your exam will lead the conversation for our billing/business departments.* Your clear understanding of our financial and insurance policy is important to our professional relationship.

Will we be working with medical insurance or vision plan benefits during your visit?

Kisiolek Eye Center makes every effort to be a provider on many of the major medical insurance carriers and some vision plan carriers – *as a courtesy, we will file those claims for you if we are in-network.*

- 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 Insurance and/or Vision Plan Benefits:

- Please understand that it is your health plan and/or vision plan, not our office, that determines your medical insurance coverage 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 exam & fitting services are not included as part of your routine vision benefits and additional fees may apply. *see Contact Lens Agreement for details.
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- **A 24 hour 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.