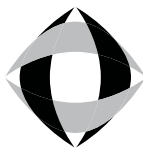


# FINANCIAL POLICY AND NON-COVERED SERVICES



DRS. CAMPBELL CUNNINGHAM  
TAYLOR & HAUN

We are dedicated to providing our patients with the highest quality ophthalmic care and to running our clinic efficiently. Please assist us in achieving these goals by complying with our financial policy. Payment is due at the time the service is provided. It is your responsibility to verify insurance and determine the status of coverage (co-pay and deductible) prior to your visit.

<b>Forms of Payment</b>	Cash, check, major credit card or payment plan.
<b>Co-Pays and Deductibles</b>	All Medicare, Medicaid, and other insurance plan co-pays and deductibles are payable upon Check-Out. It is your responsibility to know your portion payable at the time of service.
<b>Medicare</b>	We accept assignment and will file all Medicare claims. At the time of service you are responsible for 20% of the Medicare allowable fee, plus the deductible and any service charge not covered by Medicare (details on back). Medicare will only pay for services that it determines to be "reasonable and necessary" under Section 1862(a)(1) of the Medicare law. If Medicare denies payment, by signing you agree to be personally and fully responsible for payment. You also agree that payment of authorized Medicare/Medigap benefits be made payable to Campbell, Cunningham and Taylor, P.C. for services rendered by that physician/supplier. Your signature will also authorize any holder of medical information needed to determine these benefits or the benefits payable for related services.
<b>Medicaid</b>	A current copy of the Medicaid card is required prior to treatment or the patient will be rescheduled.
<b>Workers Comp</b>	Workers Compensation authorization is required prior to the appointment.
<b>Private Ins and Managed Care</b>	If you participate in a plan that we accept we will be happy to file your insurance claims for you. Otherwise payment in full is your responsibility. Please note that you are ultimately responsible for payment if your private insurance company denies payment.
<b>Self-Pay</b>	Payment is expected at Check-In prior to being seen by the doctor. You may call our office for an estimate of our fees. Any refund or balance due will be calculated at the Check-Out. If you are not prepared to cover our exam, then we can offer you coverage through a payment plan or reschedule your appointment.
<b>Non-Covered Services</b>	Several non-covered services are essential for the physician to properly evaluate and treat you during your eye exam. They include Refraction, Corneal Topography, Corneal Cell Check, Surgery kits, etc. Medicare and most insurance plans do not cover these fees which will be payable upon Check-Out. You may choose to defer these or any services.
<b>Drivers Form</b>	We will be happy to complete a Drivers' Form for you for a nominal fee.
<b>Other Forms</b>	For any additional insurance forms or dictated letters from our doctors, a nominal fee per form will be charged. Documents will be ready in 2-3 business days.
<b>Other Information</b>	Any check returned to our office for non-payment will generate an additional processing fee. We can assist you with setting up a payment plan in order to pay an outstanding balance. Accounts turned over to a collection agency will also incur an administrative fee as well as any additional fees associated with that effort, including court costs.
<b>Refunds</b>	Credit balances under \$50.00 will remain as a credit on our account to be applied to your next visit unless a refund is requested.

I have read and accept the terms of Campbell, Cunningham and Taylor, P.C.'s Financial Policy. I agree to pay for services rendered by Campbell, Cunningham and Taylor, P.C. that are not covered or paid by my insurance company, including Medicare and Medicaid.

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_  
*Patient / Guardian / Guarantor*

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