

PATIENT PAYMENT POLICY

We are committed to providing every patient with the best possible medical care. This includes working with each patient regarding payment for all services. In order for you to receive the maximum benefits under your health insurance plan and for us to be reimbursed fairly for our services, we must work together.

If you are covered by an insurance plan, please present your current insurance card(s) to the receptionist at the time of your first visit. If your insurance changes at any time, you must present the new card(s) to the receptionist at your next visit after the change. Please contact your insurance company for plan-specific information (coverage and benefits).

If you are not covered under an insurance plan, or have charges not covered/paid by our insurance, we will provide a 60-day no interest payment plan to assist you in paying for the services provided. Payment will be due 60 days from the date of the first Central Plains Eye (CPE) statement. To participate in an extended payment plan, you will be asked to make payments via a valid credit card or with direct bank debit. At your request, we will prepare and review this information before services are provided. We also participate in care credit.

As a patient in our office you should know the following:

1. It is your responsibility to determine whether CPE is a participating provider with your insurance plan. CPE makes every effort to participate in the majority of managed care plans.
2. If your insurance company requires referrals, you are responsible for contacting your primary care physician before each visit. **Medicare does not require a referral**, but some managed care plans do. You will not be refused care for lack of an authorized referral, but our office and your insurance company recognizes that without a referral, you will be responsible for any charges related to services provided. We will bill you for charges not covered by a referral.
3. If your insurance company requires a copay for office visits, the insurance company and CPE expect you to pay that copay before the service is provided. **We cannot bill for copays**. The co-pay cannot be waived by CPE under the terms of our provider contract. CPE will send a statement for the charges applied to your insurance deductible and for services not covered by your insurance plan.
4. CPE requires responsible party to provide their social security number. If you do not wish to disclose this information or you do not have a social security number, you will be required to pay cash for the service unless prior arrangements have been made.
5. There will be a \$50 charge for **missed appointments** and \$100 charge for missed procedure appointments that are not cancelled or rescheduled 24 hours before the appointment. A charge of \$30 will be applied for returned checks or collection service.

Our staff is committed to assisting you. Please do not hesitate to ask any questions you have regarding this payment policy

I HAVE READ AND UNDERSTAND THE ABOVE PAYMENT POLICY

Patient Guarantor Signature

Date