



JANET M. MINT, OD

Patient Financial Policy

Thank you for allowing us to participate in your eye care. If you have medical insurance, we are committed to helping you receive your maximum allowable benefits. We understand that the medical insurance field can be quite confusing. Our Financial Policy is provided to assist you in understanding your responsibility to both Dr. Mint and your insurance carrier.

Insurance: We agree to bill and accept contractual adjustments for insurance plans that we participate in. You are responsible for all deductibles and copays. There may be services and supplies rendered that are not covered by your insurance and therefore require an Advanced Beneficiary Notice (ABN) be signed by the patient/ guarantor. By signing the ABN, you understand that you are financially responsible for payment of those services and/or supplies. Your insurance policy is a contract between you and the insurance company. As medical providers, our relationship is with you and not with your insurance company. While the filing of insurance claim forms is a courtesy we extend to our patients, all charges are your responsibility from the date the services are rendered. You are expected to know and follow all regulations or procedures as agreed to by you and your insurance company regarding referrals, second opinions or pre- certifications. Any out of pocket expenses such as deductible, co- insurance and copays must be paid at the time of service. Failure to provide correct information (current insurance carrier, policy number, ect) may result in denial of your claim, and you will be held responsible for the balance. If you belong to an HMO (needing a referral from your Primary Care Physician) we cannot see you without a referral.

Insurance Exceptions: We are not providers for every vision plan. In these cases, we will provide you with the necessary documentation to file the claim for reimbursement.

Refraction Service and Fee: The refraction is an essential part of an eye examination and is necessary to write a prescription for glasses or contact lenses. We utilize computerized wavefront technology to determine the most accurate prescription for you. Most medical insurance plans, including Medicare, do not cover refraction fees. Our fee for refraction is \$40.00 and will be collected at the time of the service.

No Insurance: Payment in full is due at the time of service.

Methods of Payment: We accept cash, check, Visa, MasterCard, American Express and Discover.

NSF Checks: Any check that does not clear your bank account will result in a \$25 fee.

Statements: If there is a balance on your account after filing to your insurance carrier, you will receive a statement. Payment is expected within 30 days from receiving your statement. If you have any questions regarding your statement, please contact the office immediately.

I have read and understand the financial policy of Janet M. Mint, OD regarding payments and insurance. I agree to pay for services and tests not covered by my insurance plan. I also understand that I am responsible for following my insurance plan's regulation, policies and procedures.

Patient Signature/ Guarantor's Signature

Date