

Keamy Eye & Laser Centre  
Financial Policy

**TO ALL PATIENTS:**

The following information is provided to assist you in understanding how your bill for services will be processed. Please read this as it pertains to your situation and then sign it so that we may have it on your record. We will make every effort to process your bill in the most efficient manner available. Therefore, please understand that having accurate information at the start of your care will minimize errors in processing.

**HEALTH INSURANCE COVERAGE:** We require a photocopy of your insurance card. Your card provides essential information for billing purposes. We need the name, address, phone number, member number and group number for your plan. Insurance companies will not process your claims without this information. If this information is not provided at the time of the visit, the patient will be responsible for payment.

**MANAGED CARE PLANS:** These are plans that require a referral from your primary care physician (PCP) to your specialist. Obtaining a referral for services is **your** responsibility. This referral should be obtained before your visit to our office. Referrals are limited. Follow up visits may require a new referral if not included in the original. Generally, after the fact referrals are not issued by your PCP or insurance plan.

**UN-INSURED PATIENTS:** Patients with no health insurance coverage are required to make payment. Since personal financial situations are confidential matters, you must speak directly to us to discuss the options available to you.

**CHANGE OF HEALTH INSURANCE CARRIERS:** We must be notified immediately if your health insurance changes to a different carrier. We need a photocopy of your new insurance card and the effective date of change. If you are changing to a managed care plan, you must obtain a new referral from your PCP for the new plan, even if you are in the middle of treatment.

Your insurance plan will only pay for covered services and benefits. If you are not sure that a service is covered, please refer to your benefits book or call your insurance plan and ask. You are responsible for all charges not covered by your insurance. Co pays are due at the time of service.

**IF YOU HAVE ANY QUESTIONS ABOUT YOUR COVERAGE, CALL THE PATIENT REPRESENTATIVE OF YOUR INSURANCE COMPANY.**

If you have any questions regarding our office policies, please call the office at (508) 836-8733

I have read the above policy and understand the terms as it pertains to my particular situation. I agree to discuss any billing issues with the billing manager and understand that I am ultimately responsible for providing complete information and payment of balances dues.

\_\_\_\_\_  
DATE

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PATIENT/LEGAL GUARDIAN SIGNATURE