

# White Mountain Eye Institute

**Kayle Haws, O.D.**

## Financial Policy

As is customary, professional fees are due at the time services are rendered.

Regrettably, we are unable to carry accounts longer than 60 days. In the event that you have failed to pay for the services and materials provided by this office, and the account is placed for collection, you understand and agree that an additional amount equal to 40% of the balance owing at the time the account is placed for collection, will be added to the collection charge. In addition to a collection fee of 40% of the balance owed, you agree to pay interest at the rate of (10%) ten percent per annum until the amount owed is paid in full. Fees are subject to change without prior notice.

Non- sufficient checks will be charged an additional \$40.00 bank fee.

## Insurance Policy

Insurance co-payments and/or deductible amounts are due at the time services are rendered.

If we are unable to assist you in verifying your insurance coverage or eligibility, any co-payments and/or deductibles amounts will be due at the time of the initial service. Any balances not paid by the insurance company will be billed to the patient. Payment is expected upon receipt of statement.

There are many vision plans available to our patients through various insurance companies. Many of these companies frequently change their coverages and their policies. Despite our best efforts, we are unaware of all the provisions of each plan. You are responsible for any balance your insurance does not pay, or any authorization given by your insurance and later denied. Your insurance coverage is a contract between you and your insurance company. We will bill them on your behalf, however, we do not guarantee payment of your claim.

Medicare will not cover the refraction fee. You acknowledge that this is a non-covered charge and will pay the \$30.00 fee.

Signature of Patient or Guardian \_\_\_\_\_ Date \_\_\_\_\_

White Mountain Eye Institute (WMEI) offers a service to repair frames and/or lenses. I understand WMEI and its optical labs are not liable for damage or breakage to frames and/or lenses during repairs, adjustments or edging process for products not under a warranty issued by WMEI.

Signature of Patient or Guardian \_\_\_\_\_ Date \_\_\_\_\_