



NeuroSight Vision Care

Dr. Kerry Jarvis & Dr. Paul Kersjes

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FINANCIAL POLICY AND AGREEMENT

Welcome! Thank you for selecting us as your health care providers. Our goal is to provide you and your family with optimal medical care. We encourage you to ask questions!

Patients are expected to pay for our services at the time they are rendered & before you leave our office. Payments may be made by cash, check, Care Credit or most major credit cards.

EYEGASSES, CONTACT LENSES, OR OTHER MATERIALS

If you order eyeglasses, contact lenses, etc these items should be paid in full, or a 50% deposit can be made if all exam services are paid in full same day. We cannot dispense these items to you until we have received your full payment. These items are custom made products that are customized made, and they are not returnable *without 20% restocking fee.*

INSURANCE

We accept most major medical and vision insurance plans. We expect you to be knowledgeable and actively strive to get us the most up to date information including copies of insurance cards and personal identification. Following insurance guidelines, we expect you to pay your copays at the time of your visit and any past due amounts from either deductibles, co-insurance or other financial items that are not paid by insurance.

REFRACTION

Please note that Medicare and most every other medical insurance covers the medical portion of your exam (subject to deductible/co-insurance, etc.) *but they typically do NOT pay for eyeglasses or the test to have an updated eyeglass prescription (REFRACTION).* We will happily bill your medical insurance as a convenience for you but *be aware there may be a future balance.*

Initial

OUT OF NETWORK INSURANCE

Where we are not in-network with your insurance plan, you are responsible for full payment of all goods and services on the day of your appointment. *Let us know before your appointment* so we can provide you with the necessary forms so that you can file a claim with insurance company for reimbursement.

PAST DUE ACCOUNTS

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly we want to work with you! In the event your account remains unpaid for more than 90 days, your account may be referred to a third party collection agency.

We must emphasize that as eye care professionals, our relationship is with you and not your insurance company. You are ultimately responsible for all fees for both services and materials delivered to you by our office. Our practice is committed to providing the best treatment to our patients.

I have read, understand and agree to the Financial Policies Statement above.

Signature of Patient or Responsible Party

Patient's Name

Date