

**Patient Financial and Office Policy**

We at Munster Eye Care Associates, P.C. are committed to providing you with the finest eye care. In order to accomplish this, we find it necessary to implement the following financial and office policy.

**Financial Responsibility and Payment:** Since you are the individual seeking care, you are responsible for payment of all charges associated with your visit. As a courtesy, and for your convenience, we bill your insurance company when you have provided us with all the requested insurance information and have signed the Consent to Treatment and Assignment of Benefits Form. All claims are billed to your insurance based on your chief complaint. Patients are required to pay “patient responsibilities” at the time of service, including but not limited to:

- co-payments
- co-insurance
- deductibles
- out of pocket expenses
- previous balances
- non-covered services based on benefit limitations
- refractions fees are payable at the time of service unless covered by your vision plan.
- contact lens evaluation fees
- we require payment in full on all eyeglass and contact lens orders or as otherwise required by your insurance carrier.

**Please bring the following with you on the day of your appointment as it applies:**

- photo identification
- medical and vision insurance cards
- current list of medications
- insurance referral
- contact lenses including vials or boxes and contact lenses should be worn on the day of your appointment unless otherwise directed
- current eyeglasses/prescription sunglasses
- under the doctor's discretion, your eyes may be dilated, we recommend that you bring a driver.
- If you are a new patient please arrive 30 minutes prior to your appointment time. If you are an established patient please arrive 15 minutes prior your appointment time.

**Medical Records:** If you are being referred to our office or transferring your care, you will need to have these records forwarded to our office prior to your visit, especially report of any tests pertinent to your treatment.

**Minors:** All minors must be accompanied by a parent or legal guardian. Proof of legal guardianship must be presented. In the absence of a parent or legal guardian a Consent for Minor Treatment Form must be completed and approved by the Patient Services Department.

**Administrative Fee:** Any applicable fees that are due according to our policies, but not paid are subject to an administrative fee.

**Collection Policy:** Patients with an open balance are billed every 25 days. If the balance is not paid within the third billing cycle the account becomes delinquent. All accounts in this status will be turned over to our collection agency for payment. The account holder remains responsible for all past due balances including any collection or attorney’s fees. Our collection agency reserves the right to hold open balances, due to the denomination, until the patient presents at their next appointment when the balance will be expected to be paid in full.

**Return Check Policy:** A \$50.00 fee is charged for all returned checks.

**Cancellation Policy:** Our office has reserved this time for you. In the case of an emergency or unavailability please give us 24 hour notice if you need to cancel or reschedule your appointment so we may offer this time to another patient. There will be a \$50.00 charge for patients who do not give a 24 hour notice. Appointments are taken according to your appointment time. Patients that are more than 30 minutes late for their appointment will be asked to reschedule.

**Payment Options:** We accept payment in the form of cash, check, cashier’s check, money orders, Care Credit, Flexible Spending, Visa, MasterCard and Discover.

**If you have any questions about your account please feel free to call the Office Manager at (219) 922-6226.**



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