

Manning & Rommel Associates Financial Policy

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, any and all financial liability rests with the patient.

Our office participates with most major insurance plans. We provide MEDICAL and SURGICAL ophthalmologic care to our patients. If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral in order for your visit in our office to be covered under your medical insurance. If you do not have a valid referral we will ask you to reschedule your appointment.

A refractive examination is not a covered service by most insurance companies, including Medicare. If you receive a prescription for glasses, you will be charged the refractive fee, which is payable at the time of the visit.

It is the patient's/parent's/guardian's responsibility to:

1. Be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles.
2. Bring all of your current insurance cards to all visits.
3. Provide our office with current information including address, phone numbers and employer.
4. In accordance with your insurance plan, you must be prepared to pay your co-pay at each visit. We accept cash, checks and most major credit cards for services.

We appreciate your prompt payment in full for any outstanding balances related to self-pays, co-pays, deductibles and co-insurance. If your account is turned over to our collection agency, you agree to pay any fees imposed by the collection agency in order to collect the overdue amount. Any check payments that do not clear the bank will be subject to a returned check fee. There is a charge for completing various forms, including your DMV form. Payment is required at time of service.

For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the parent or guardian with whom the child resides for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply his or her name, address, phone number, date of birth and social security number.

TELEPHONE CONSUMER PROTECTION ACT (TCPA):

You agree, in order for us to service your account or to collect monies you may owe, Manning & Rommel Associates and/or our agents may contact you by telephone at any telephone number associated with your account, including wireless telephone numbers, which could result in charges to you. We may also contact you by sending text messages or emails, using any email address you provide to use. Methods of contact may include using prerecorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

I/We have read this disclosure, and consent and agree that Manning & Rommel Associates, its employees and/or agents may contact me/us as described above.

I authorize the release of medical or other information necessary to process health insurance claims. I also request payment of benefits to myself or to my provider, Manning & Rommel Associates when they accept assignment.

I request that payment of authorized Medicare benefits be made either to me or on my behalf to Manning & Rommel Associates for any services furnished to me by Manning & Rommel Associates. I authorize any holder of medical information about me to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related service.

I/We have read and understand the above financial policy.

Signature of patient/guardian/parent

Date

Printed name of patient