

**ELITE DRY EYE SPA, PLLC
FINANCIAL POLICIES**

ALL PATIENTS OF OUR PRACTICE:

For your convenience we accept Debit Cards, Mastercard, Visa, Checks and Cash. If you have Care Credit, please inform us before services are rendered as we do not accept that form of payment.

PATIENTS WITH PRIVATE HEALTH INSURANCE PLANS:

You are responsible for payment in full at the time of service. We will provide you with a paid receipt, including CPT and Diagnostic codes, for you to submit to your insurance for reimbursement.

The insurance company should reimburse you directly for your paid claim. Refractions for glasses is not a covered benefit under most insurances. The refraction charge is \$50.00 if requested.

Insurance issues, requirements and coverage are ever changing. We are making every effort to align the correct CPT codes to eliminate payment denials before they occur. Your insurance plan *may or may not* cover this dry eye evaluation.

We are legally obligated to assign procedure codes based on the services provided to you, whether it is a comprehensive eye exam or a follow-up visit. We cannot change the coding later to cause the insurance company to pay for non-covered services.

Please understand that this is a small, sub-specialty practice, and as such we are not set up to take ANY insurances, including MEDICARE.

By signing this agreement, you are acknowledging that you cannot submit these charges to MEDICARE for reimbursements. This is a contract for cash pay services only due to the non-provider status of Dr. Angela G. Bevels, O.D.

ACCEPTANCE:

I have read and understand the financial policy and agree to abide by the terms of this policy.

Patient Signature

Date