

WESTERN CAROLINA EYE ASSOCIATES, P.A.

Financial Policy

Thank you for choosing us as your eye care provider. We strive to bring you the best available eye care. The following is a statement of our Financial Policy, which we require you to read prior to treatment.

Please bring your insurance card(s) with you to every appointment. **If you do not have medical insurance, or if we do not participate with your insurance plan, payment in full is expected at the time of service.** We accept the following forms of payment: cash, checks, Discover, Visa/MasterCard and American Express. We will apply a \$25 charge to your account for returned checks. Any other payment arrangements must be made prior to services being performed. **A \$20.00 billing fee will be added to your account for any co-payment or refraction that is not paid at the time of service.**

You may request to not have services reported to your insurance company; however, to do so all services restricted by any such request must be paid for in full via cash, credit card or money order at the time provided. No billing, payment plans or personal checks will be accepted.

Western Carolina Eye Associates currently participates with the following Primary insurers:

Appalachian Healthcare
Community Eye Care
Medicare

BCBS Plans
Eye Care of America
NC Medicaid

Cape
MedCost
Spectera Vision

Please be aware that you, not your insurance carrier(s), are responsible for your account. Your insurance policy is a contract between you and your insurance company. If we are contracted with your insurance company we will be happy to bill your insurance company for you. If we are not contracted with your insurance company, payment in full is expected at the time of service and you will be given documentation at checkout to file your claim. If you have any questions about your individual insurance coverage, you will need to contact your insurance carrier or your human resources personnel before your visit.

All insurance claims left pending after 45 days will become the insured's responsibility. We will assist you all we can; however, it is up to you to contact the insurance company regarding their reasons for non-payment.

Office Visits

In-office, emergency visits on weekend days or after normal business hours are subject to a \$50 fee in addition to the exam charges. These fees may not be covered by your insurance.

Patients who miss three (3) or more scheduled appointments will not be permitted to schedule appointments in the future. These accounts will be marked as "work-in" only for future exams.

Refractions

Refraction is an exam to determine your best-corrected vision. Medicare and most other insurances consider this a routine and non-covered service. The refraction fee is \$35 and payment for this service will be expected at the time of your visit.

Glasses & Contacts

A 50% deposit must be paid before glasses can be ordered. All Glasses and contacts must be paid for in full before the items can be taken out of the office.

Minor Patients

Our insurance does not permit us to treat minor children (under the age of 18) without the legal guardian present unless the legal guardian has provided us with an authorization that must be either signed in our presence or notarized. The accompanying adult or authorized minor is expected to provide required payments at the time of the visit.

**IF YOU ARRIVE 15 MINUTES OR MORE LATE, YOUR APPOINTMENT
WILL BE RESCHEDULED FOR ANOTHER DAY.**