

# Blanchard Eye Care

Dr. Vincent M. Young, O.D.

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## **FINANCIAL RESPONSIBILITY TO BLANCHARD EYE CARE**

This is an agreement between Dr. Vincent M. Young, O.D. of Blanchard Eye Care, and the Patient/Debtor named on the form.

By executing this agreement, you are agreeing to pay for all services that are received.

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement, unless the balance is \$10.00 or less.

### **Payment options if you have no insurance:**

1. You may choose to pay by cash, check, or credit card (Visa, Mastercard, Discover) on the day that services are rendered.
2. Regarding orders for glasses or contact lenses: you may choose to pay (1) the order in full at the time of order, or (2) 50% on the order date and the remaining balance upon pick up.
- 3.

### **Payment options if you have insurance:**

1. You may choose to pay your deductible and any out-of-pocket portions at the time services are rendered by cash, check, or credit card.
2. You may choose to pay all of your treatment by cash, check, or credit card. If reimbursed by your insurance carrier, we will refund what you are owed.
3. Regarding orders for glasses or contact lenses: you may choose to pay (1) the order in full at the time of order, or (2) 50% on the order date and the remaining balance upon pick up.
- 4.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 30 days of the statement date.

**Required payments:** Any co-payments required by an insurance company must be paid at the time of service. This is an insurance requirement.

**Refunds:** Refunds will be given in the same form as the original payment if given on the same day the payment was received. All others will be given in the form of Check.

**Charges to Account:** We shall have the right to cancel your privilege to make charges against your account at any time. Future visits or orders would then need to be paid in full at the time of service or when the order is placed.

**Contracted Insurance:** If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company. We will not be responsible for reimbursement of a lower insurance payment in this circumstance.

**Non-contracted Insurance:** Insurance is a contract between you and your insurance company. We are NOT a party to this contract, in most cases. We will bill your primary insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company. We will not be responsible for reimbursement of a lower insurance payment in this circumstance.

**Returned checks:** Checks returned unpaid will be collected by Credit Card or Cash ONLY, along with all fees and expenses allowable according to state laws. Currently, the fee for any checks returned by the bank is \$25.00.

**Past due accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyers' fees which we incur plus all court costs. In case of suit, you agree the venue shall be in McClain County, Oklahoma.

**Waiver of confidentiality:** You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

**Personal Injury:** If you are being treated as part of a personal injury lawsuit or claim, we request payment in full at the time of service. We cannot bill your attorney for charges incurred due to a personal injury case.

**Effective Date:** By signing the acknowledgment of this financial policy, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.