

PATIENT FINANCIAL RESPONSIBILITY

Thank you for choosing Blue Water Eye Care Associates, P.C. as your eye care provider. The medical services you seek imply a financial responsibility on your part. This responsibility obligates you to ensure payment in full for the services you receive. To assist in understanding that financial responsibility, we ask that you read and sign this form. Feel free to ask if you have any questions regarding your financial responsibility. If someone else (parent, spouse, domestic partner, etc.) is financially responsible for your expenses or carries your insurance, please share this policy with them, as it explains our practices regarding insurance billing, copayments, and patient billing. By signing below and/or by receiving medical services from our office you agree:

1. You acknowledge and agree to the FINANCIAL POLICIES of Blue Water Eye Care. These policies may be changed from time to time by Blue Water Eye Care, without notice.
2. You are ultimately responsible for all payment obligations arising out of your treatment or care and guarantee payment for these services. You are responsible for deductibles, co-payments, co-insurance amounts or any other patient responsibility indicated by your insurance carrier or our FINANCIAL POLICIES, which are not otherwise covered by supplemental insurance.

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3. You are responsible for knowing your insurance policy. For example, you will be responsible for any charges if any of the following apply: (1.) your health plan requires prior authorization or referral by a Primary Care Physician (Family Doctor) before receiving services at Blue Water Eye Care and you have not obtained such an authorization or (2.) You receive services in excess of such authorization or referral; (3.) Your health plan determined that the services you received are not covered by your insurance plan; (4.) Your health plan coverage has lapsed or expired at the time you receive services at Blue Water Eye Care; or (5.) You have chosen not to use your health plan coverage. If you are not familiar with your plan coverage, we recommend you contact your carrier or plan provider directly.

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4. You will be required to follow all registration procedures, which may include updating or verifying personal information, presenting verification of current insurance and paying any co-pays or other patient responsibility amount at **each** visit. Your card or other insurance verification must be on file for your insurance to be billed. If we do not have your card on file, or are unable to verify your eligibility for benefits, you will be treated as a self-pay patient. As a self-pay patient, our fee is expected to be paid in full at the time of service. If the insurance card or other necessary information is furnished after the visit, we may file a claim with your insurance; and, if paid in full by your insurance, you will be reimbursed. If you are not prepared to make your co-pay or other patient responsibility amount, your visit may be re-scheduled.

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5. We will submit your claim to your insurance carrier as a courtesy to you. You agree to facilitate payment of claims by contacting your insurance carrier when necessary. It is important to notify us as soon as possible of any changes related to your insurance coverage. Failing to do so may result in unpaid claims and you will be responsible for the balance of the claim. Blue Water Eye Care does not accept responsibility for incorrect information given by you or your insurance carrier regarding your insurance benefits or benefit plans. If your insurance carrier does not remit timely payment on your claim, you will be responsible for payment of the charges. Once your insurance carrier processes your claim, we will bill you for any remaining patient responsibility deemed by your insurance carrier. If you make a payment that results in a surplus on your account, you authorize Blue Water Eye Care to apply the overpayment to any other account for which you are financially responsible, including your account, a member of your family's or dependent's account.

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6. You will be mailed a billing statement that contains the total cost of your service(s) or procedure(s) received during your visit(s). You may generally expect this billing statement within twenty (20) days after your insurance company has responded to a submitted claim. You must notify us of any errors or objections to the billing statement within thirty (30) days or they will be deemed accurate and the fees and expenses shall be deemed reasonable and necessary for the services incurred. If there is a problem with your account, it is your responsibility to contact the Billing Staff to address the problem or to discuss a workable solution.
7. Whether or not you have insurance or are self-pay, payment of any account balance is due at our office in Port Huron, MI within thirty (30) days of receipt of your billing statement. If any balance on your account is over ninety (90) days past due, you will be charged a finance charge for each statement sent. If we do not hear from you regarding this balance your account will be turned over to our collection agency. Should collection proceedings or other legal action become necessary to collect an overdue or delinquent account, you understand that Blue Water Eye Care has the right to discharge you from the practice (Credit Withdrawal of Care). For small balances between \$4.01 to \$25.00, we will only send out one statement but you understand that the amount due must be paid prior to your next visit.
8. We accept payment by check, cash, money order, debit cards or credit cards (Visa, Master Card or Discover). If a payment is made by check and it is returned or declined for any reason, your account will be charged a surcharge of \$35.00. We will no longer accept checks as payment on your account.
9. **Additional Charges.** Patients may incur and are responsible for the payment of additional charges at the discretion of Blue Water Eye Care including but not limited to: charges for returned checks, charges for a missed appointment without 24 hours advance notice, charges

for copying and distribution of patient medical records and charges for forms preparation or completion. Any costs associated with collection of patient balances, all as allowed by law.

10. **Minor Patients.** The parent/guardian of a minor is responsible for payment of the minor's account balance. Responsibility for payment of treatment of minor children, whose parents are divorced, rests with the parent who brings the child in for care.

Once I have signed this agreement, I agree to all of the terms and conditions contained herein and the agreement shall be in full force and effect.

Patient/Responsibility Party/Guardian

Date

Date of Birth