



TRI·COUNTY

Eye Physicians & Surgeons, PC

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Financial Policy

Tri-County Eye Physicians & Surgeons is dedicated to providing you with the best possible care and service while keeping the charges to you at a reasonable level. We ask your help by understanding and cooperating with our financial policy.

Insurance:

We participate with most medical insurances as well as a variety of vision plans. It is important to understand that insurance is an agreement between *you* and your insurance carrier and that your physician's bill for services provided is an agreement between *you* and your physician. **If we do participate with your insurance**, all services will be submitted to your carrier for you, unless we have received prior notification of non-covered services. **We will be collecting all applicable co-pays, deductibles, co-insurances and fees for non-covered services at the time of the visit.** (The refraction is often non-covered.)

HMO insurances may require a referral from your primary care physician for medical services, with the exception of routine eye exams. It is your responsibility to obtain the referral prior to the time of service. If the required referral is not presented at the time of service you may do one of the following:

- Reschedule appointment
- Contact PCP by use of the courtesy phone for visit authorization
- Leave a copy of a credit card or check if referral is not secured, which will be returned when a valid referral is presented. If no referral is received in 30 days your charge card will be charged or check cashed.

If we do not participate with your insurance, payment is expected at the time of service. We will provide you with an itemized bill that you may submit to your carrier for reimbursement.

Payment for Services:

We accept Visa, Master Card, Discover as well as cash or check. Your account is not satisfied until your check clears the bank; there will be a \$20 fee for returned checks. All payments are expected *at the time of the service*, unless arrangements are made with the patient account manager prior to the visit. If you are unprepared to pay your patient due portion at the time of the visit, a billing charge of \$8 will be added to your balance to cover the cost of creating and sending a statement to you. In addition, interest in the amount of 2% per month will be applied to balances over 30 days in arrears. All balances that reach 120 days will be sent to a collection agency. Should your account be sent to a collection agency you will be financially responsible for all fees incurred.

Payment in full of *any past due balance* is expected prior to being seen in our office in the future. In addition, payment in full will be expected at the time of service for any future services.

I HAVE READ AND FULLY UNDERSTAND THE FINANCIAL POLICY SET FORTH BY TRI-COUNTY EYE PHYSICIANS AND SURGEONS AND I AGREE TO THE TERMS OF THIS FINANCIAL POLICY.

Signature of Patient and/or Guardian

Date