Notice of Payment Policies and Procedures

PAYMENT POLICY: It is customary to pay for professional services when rendered. For your convenience we accept Master Card, Visa, Discover, American Express, Care Credit, checks or cash.

MEDICAL / SURGICAL BENEFITS ASSIGNMENT AND RELEASE OF MEDICAL BENEFITS INFORMATION AGREEMENT: I request payment of my authorized insurance benefits be made for charges on my behalf to STL VISION for any unpaid medical / surgical procedures performed now or in the future. I also authorize STL VISION to release medical information to my insurance company (ies) or agent, now or in the future, for claim consideration purposes. I understand that payment for services does ultimately remain my responsibility.

NON-COVERED SERVICES: The filing of a claim for any service rendered DOES NOT GUARANTEE PAYMENT from your insurance company. You will be financially responsible for these services. Also, having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. We may bill your secondary as a courtesy. You are responsible for any balances after your insurance(s) has cleared.

DIVORCE DECREES: This office is NOT a party to your divorce decree, Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

EYE EXAM: I agree to and understand that my eye(s) must be dilated in order for the doctor to thoroughly check the retina of the eye. I understand that if my pupils are dilated or my eye is patched after the exam, I may not be able to safely operate a motor vehicle and that the staff and doctors of STL VISION suggest that I evaluate my need for alternative transportation and the decision is solely mine, therefore I will not hold STL VISION responsible.

REFRACTION POLICY: During your visit, a refraction may be performed to determine your need for glasses or to evaluate if any further visual improvement can be achieved. This is a necessary and essential portion of your eye exam and in some cases it is the sole reason for the appointment.

The Centers for Medicare Services (CMS) use a system - The Resource Based Relative Value Scale (RBRVS) - to determine the fees for all Medicare services, including the refraction. Most other insurance companies use this same system to set their payment schedules. However, the refraction is considered a NONCOVERED service by Medicare and some insurance companies.

Please be aware it is the responsibility of the patient to pay for the refraction. Our office currently charges $80.00 for this procedure, but provides a prompt pay price of $32.00 to the patient when paid at the time of service. The refraction fee is in addition to the fee for the eye exam and is in addition to the patient's co-pay.

We appreciate your cooperation in paying this fee at the time services are rendered.

CONTACT LENS POLICY: The glasses prescription you receive from STL VISION is NOT a contact lens prescription. A qualified contact lens fitter must fit the contact lenses. Our office or one of your choice may fit the contact lenses. There is a fee for this service, which varies greatly depending on the type of contact lenses that are right for you, if you have been fitted before, and other individual factors. After your contact lens fitting is completed and services incurred are paid for, you will receive a copy of your contact lens specification.

The contents of this document will remain in effect unless revoked by me in writing.

_____ _____

Name of Patient (Print) Name of Witness (Print)