

## **PATIENT FINANCIAL POLICY**

Thank you for choosing MOA for your eyecare needs. Because MOA is committed to providing you with the highest level of patient care to ensure your experience with our practice is seamless and amazing, this financial policy has been developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of, and compliance with, our patient financial policy is important. As such, please thoroughly review the policy below, let us know if you have any questions or concerns, and then please sign and date as indicated. The original signed policy will be maintained in your patient file and a copy may be provided to you upon your request. Please promptly notify our practice of any changes to your insurance policy at time of service so that we can perform our duties accurately.

### **CO-PAYMENTS, DEDUCTIBLES, & CO-INSURANCE**

Patients are expected to pay on the date of service for all amounts that are not covered by their insurance company. These amounts may include all co-payments, deductibles, co-insurance, and/or past-due balances. Payments may be made by cash, check, and/or major credit card (MasterCard, Visa, Discover, American Express). Patients who are unable to pay their non-covered fees and/or past-due balances at the time of service may be asked to reschedule their visit.

### **INSURANCE POLICY**

Your insurance policy is a contract between you and your insurance provider. In order for MOA to properly file your claims with your insurance provider, you are responsible for providing our practice with the correct insurance information at the date of service or you may be responsible for the charges in full. If any balance remains after your insurance provider has processed your claim, or should they fail to pay the insurance claim for services rendered, you will be responsible for all charges submitted which will be due upon receipt of your statement. If your insurance provider fails to pay a claim for services rendered, we recommend that you follow-up with your insurance provider directly.

### **REFERRALS**

Some patients will be required by their insurance provider to obtain a referral from their Primary Care Physician (PCP) authorizing their visit to MOA. It is the patient's responsibility to obtain this referral and ensure this referral is communicated to MOA prior to the patient's visit. A patient without a required referral will be asked to sign a waiver by which he/she agrees to pay all charges generated by their visit at the date of service. In this case, if a referral is ultimately received after the patient's visit and the insurance provider submits reimbursement to MOA, a refund will be sent to the patient. However, patients are reminded that many physician offices will not provide a retroactive referral. Patients without a required referral and who do not agree to sign a waiver will be asked to reschedule their appointment.

### **SELF-PAY PATIENTS**

Self-pay patients (*i.e.*, patients with no health insurance) or insurance we are not contracted with are expected to pay for all charges generated by their visit at the date of service.

## OUTSTANDING BALANCES

MOA greatly appreciates your prompt payment in full for any outstanding balances. Patients with outstanding balances from previous visits will be required to pay the full balance at the time of the next visit. Patients who are unable to pay the outstanding balance may be asked to reschedule their visit. If you are unable to pay a balance in full, please notify our billing department immediately and we will try to work out a payment plan or discuss alternative payment options with you. Patients may be asked, in these circumstances, to provide financial income details or other information which MOA can use in determining an appropriate and fair payback schedule.

## COLLECTIONS

Outstanding balances on patient accounts which have not been paid for 90 or more days since the date the balance becomes due may be subject to Collection efforts. MOA is authorized to retain the services of an attorney and/or collection agency to assist with the collection of any outstanding balance(s). Any expenses incurred by such actions, including but not limited to reasonable attorneys' fees, court filing fees, and/or other reasonable costs of collection efforts, shall become an additional liability for which the patient is responsible in addition to the account balance.

## RETURNED CHECKS

Any payment made by check that does not clear your bank account will result in a \$35.00 returned check fee for insufficient funds. This fee will be added to your account for each returned check.

## MISSED APPOINTMENTS

MOA requests that you keep your scheduled appointment, however, we understand that life happens, and appointments need to be canceled or rescheduled from time-to-time. Because we are unable to fill no show appointments, please provide at least 24-hours' notice if you need to cancel or reschedule your appointment. Missed Appointments and appointments canceled or rescheduled less than 24 hours prior may be subjected to a \$35.00 cancellation fee.

## MINORS

For patients who are minors, the parent(s) or legal guardian(s) are responsible for full payment and will receive the billing statements for any minors receiving services. A signed release for treatment will be required for unaccompanied minors.

We greatly appreciate your choosing us for your medical eye care needs and we remain committed to providing you with an exceptional and unparalleled patient experience. If you have any questions or would like further clarification on any of the above policies or procedures, please do not hesitate to reach out to us at your earliest convenience.

**Your signature below indicates that you have read, understand, and agree with the above financial policies and procedures. MOA reserves the right to amend these policies from time to time.**

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Patient Signature

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Date