



	Jeffries Eye Clinic, P.A.	
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PATIENT FINANCIAL POLICY

PAYMENT

Payment for your care is due at the time services are provided unless we have a contract with your health insurance plan. Your co-pay amount is due at the time of service.

INSURANCE

We require a copy of your insurance identification card. It is your responsibility to ensure the accuracy of information. We will file a claim for your services if Jeffries Eye Clinic has a contract with your health insurance plan. However, if your insurance company fails to pay for your services, you may be responsible for any accrued charges. Any co-payment is due at the time services are rendered. If Jeffries Eye Clinic does not have a contract with your insurance, payment is due in full the day of your visit. If for some reason you are unable to pay on the day of your visit, you are required to be counseled for financial arrangements by our billing and insurance coordinators.

REFERRAL

If your insurance plan requires a referral, please contact your primary care physician and request that a referral be sent to our office. Failure to obtain a referral when required can result in reduced benefits or no payment by your insurance. In the event that this happens the payment will be your responsibility.

PATIENT NAME: _____

DATE: _____