



Financial Policy

Whether you are new to Haywood Eye and Vision Care, or if we have had the pleasure of serving you over the years, we would like you to be aware of our financial policies. The following information outlines your financial responsibilities related to payment for our professional services.

- Although it may be inconvenient, please be prepared to update your information frequently. Please provide us with your current address, telephone number, and insurance information.
- It is your responsibility to contact your insurance carrier to confirm that we participate on your plan. If we are not participating on your insurance plan, you will be responsible for payment in full.
- If your plan requires a referral, it is your responsibility to obtain this prior to being seen by the doctor. We cannot contact your doctor for you.
- **Haywood Eye and Vision Care is not a provider of Medicaid.** If Medicaid is your primary or secondary insurance plan, you will be responsible for any charges incurred at your visit. (e.g., Medicare Part-B deductible and/or coinsurance, Wellcare/Care Improvement Plus copay and/or coinsurance.)
- All applicable co-payments/deductibles/co-insurance will be due at the time of service.
- A 24 hour cancellation notice is required if you cannot make an appointment. This allows us to offer this appointment time to other patients who need to be seen. If you do not give 24 hour notice, a \$25 charge may be applied to your account.
- *Uninsured Patients:* We can only provide a starting price “estimate” for a visit to our office. The price depends on the complexity of the visit and if any additional testing needs to be performed. The price for your visit is non-negotiable and payment in full is expected at the time of service.
- All medical records release requests must be in writing, as per HIPAA guidelines. There is a per page charge for copying your records set forth by the Georgia Office of Planning and Budget pursuant to O.C.G.A 31-33-3. We will make every attempt to complete your records within 14 business days of your request. If you need your records expedited, there may be an additional charge of \$25. There is a \$5 charge for any dictated letters or forms you request to be completed. Forms take at least one week to process and will not be available immediately.
- If any portion of your bill has been outstanding for greater than 90 days, you may be referred to a collection agency. You would be responsible for all collection fees incurred. Patients with an outstanding balance more than 90 days overdue must make arrangements for payment prior to scheduling appointments.
- If you have any questions about our financial policy, please do not hesitate to ask us.

I HAVE READ THE OUTLINED INFORMATION AND FULLY UNDERSTAND AND AGREE THAT I AM PERSONALLY RESPONSIBLE FOR ANY BALANCE ON MY ACCOUNT. BY SIGNING THIS DOCUMENT, I ATTEST TO THE ACCEPTANCE OF THIS AGREEMENT IN ACCORDANCE WITH THE ABOVE TERMS. I ALSO UNDERSTAND AND AGREE THAT SUCH TERMS MAY BE AMENDED BY THE PRACTICE AT ANY TIME WITHOUT PRIOR NOTIFICATION TO THE PATIENT.

Patient/Legal Guardian Signature

Date