

Chandler Eyecare LLC

916 W Chandler Blvd Ste 1 | CHANDLER AZ, 85225 | (480) 963-7172

Written Financial Policy

Thank you for choosing Chandler Eyecare LLC. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

Payment Options:

You can choose from: - Cash, Check, Visa, MasterCard, American Express or Discover

- CareCredit healthcare credit card. CareCredit is the preferred healthcare credit card providing special financing and payment plans for out-of-pocket medical expenses. Ask about how the CareCredit healthcare credit card can help you.

Chandler Eyecare LLC charges \$10 for returned checks.

Please note:

It is customary to pay for professional services when rendered. However, if you have a medical problem then we will bill your insurance on your behalf. A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams (when no medical eye problem is known or suspected). Medicare, and most other insurance plans, insists that we charge separately for that portion of the examination, since it is not a covered service. You will receive an explanation of benefits from them itemizing your responsibilities. You will be responsible for any co-payments, deductibles or non-covered services as determined by your insurance company.

If you have a separate plan that covers routine or annual eye examinations and/or glasses, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan. We will bill your vision plan as above**.

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You will be responsible for the annual \$162.50 deductible and the 20% co-payment.

In accordance with our contract and with your insurance provider, we are responsible for collecting, and you are responsible for paying, co-payments at the time of service. Chandler Eyecare LLC requires payment in full prior to the product being received. Chandler Eyecare LLC will make every attempt to verify your insurance eligibility prior to your appointment. A fee of \$25.00 is charged for patients who miss or cancel more than 2 times in a calendar year without a 24 hour notice.

If you have any questions, please do not hesitate to ask. We are here to help you get the quality care you deserve.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

RETURN / EXCHANGE POLICY

Chandler Eyecare LLC does not allow returns on frames, custom lenses or sunglasses.

Patient Signature _____

** If we do not receive payment from your insurance carrier within 30 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

* Subject to credit approval