
FINANCIAL POLICY

At Harper Eye Care, it is our goal to provide you with the best eye care services available. Please take a minute to carefully review our financial policy.

Copays are expected at time of service. For your convenience we accept cash, personal checks, Visa, Mastercard, Discover, and American Express. There is a \$25.00 charge for returned checks.

Refractions are not covered by Medicare and some insurance carriers. If you receive a refraction as part of your exam, you will be asked to pay the refraction fee of \$20.00 when you check out.

Your physician may recommend diagnostic testing. Diagnostic testing is a very important tool which aids your physician in the diagnosis and treatment of many ocular problems. Your insurance company may not cover the costs of diagnostic testing. If you have any questions about the costs of diagnostic testing, please ask the technician before tests are performed. If your insurance plan does not cover the diagnostic testing, the patient is responsible for the costs.

We participate in many insurance plans. It is your responsibility to check with your insurance company to be sure we participate with your plan. Please bring with you your current insurance card(s) and valid identification such as a state issued driver's license. We regret that we cannot honor any insurance plans not submitted at the time of your appointment.

Eyewear that is purchased directly through Harper Eye Care will carry warranties based on that of the frame manufacturer or the lens coatings. Lenses without a scratch coating or an anti-reflective coating are not warrantied. Lenses with a scratch coating and or an anti-reflective coating will only be warrantied as described by the coating manufacturer. All optical sales are final and will only be warrantied as mentioned above. No refunds or exchanges.

Any balance not paid by your insurance company is the responsibility of the patient and you will be billed after we receive payment from your insurance company. Patient balances are expected to be paid within 30 days after billed. Balances not paid within 120 days will be forwarded for collections. We are happy to provide payment arrangements for those patients needing to setup a payment plan. If you need a payment plan, please ask to speak with our administrator to help make arrangements for you.

Patients will be charged a \$25.00 no show/cancellation fee for any appointment that is not honored or is not cancelled or rescheduled with a minimum of 24 hours notice. This fee must be paid prior to scheduling any future appointments, and will follow collection guidelines as outlined in the paragraph above.

I have read and understand the above financial policy and agree to pay all charges incurred with my examination and treatment.

Patient Name (Please Print)

Date

Patient Signature

