

Hill Vision Services, LLC

Patient Financial Policy

Thank you for choosing our practice. We are committed to the success of your medical care. Please understand that payment of your bill is part of this care. To help avoid misunderstandings, we ask our patients to read and acknowledge the following financial policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance and co-payments for participating insurance companies. Hill Vision Services, LLC accepts cash, personal checks (in-state and Illinois only), VISA, MasterCard and Discover.

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments.

INSURANCE/SERVICES:

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and co-payment at the time of service. If we have not received payment from your insurance company within 45 days of the date of service, you will be expected to pay the balance in full. You are responsible for all charges.

INSURANCE/OPTICAL MATERIALS:

We participate with VSP, VBA and Eyemed and will bill these insurance companies as a courtesy to you. You are responsible for your co-payment at time of purchase. You are responsible for knowing your optical benefits. If you have vision benefits with a different vision carrier other than VSP, VBA or Eyemed but still choose to purchase your eyewear from Hill Vision Services, Hill Vision Services assumes that you are waiving your right to use your other vision benefits. Payment is expected at the time order is placed. You are responsible for all charges.

If you need assistance or have questions, please contact Hill Vision Services between 8:00 a.m. and 4:00 p.m. Monday through Friday at 314-567-7771.

REFUNDS:

Overpayments will be refunded upon written request to the responsible party within 30 days.

MANAGED CARE:

If you are enrolled in a managed care insurance plan that requires a **referral** to see our doctors, you must bring the **referral** with you or make arrangements to have it sent to our office prior to your appointment. **NO** retroactive referrals are allowed.

MISSED APPOINTMENTS/LATE CANCELLATIONS:

Broken appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 48 hours prior to the appointment. We reserve the right to charge for missed or late canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Acknowledgment

I have read, understand and agree to the above Financial Policy. I understand that charges not covered by my insurance, as well as applicable co-pays and deductibles, are my responsibility. I authorize insurance benefits be paid directly to Hill Vision Services, LLC, and I authorize them to release any pertinent medical information to facilitate payment of a claim.

I have received a copy of this policy.

Date Signature of Responsible Party Printed Name Printed Name (if different)