

Payment Policy



Patient Obligation for Full Payment for Medical Services Received

It is the intention of Carolina Vision Center to submit your medical claim directly to your insurance company for payment. This is done as a courtesy to our patients. If your insurance company does not pay the total bill due within 90 days of your date of service, for ANY reason, you are responsible to pay Carolina Vision Center the total amount due in full immediately. Upon payment in full, you will receive a receipt so that you may submit the billing to your insurance company for reimbursement.

PLEASE READ AND INITIAL THE FOLLOWING:

___ Non-covered Services: I understand that some charges may be considered non-covered services by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I am financially responsible for paying all non-covered services.

___ Denied Charges: I understand that some charges may be denied by my insurance carrier as investigational, experimental or not medically necessary and will not be paid by my insurance carrier. I understand that my physician feels these services are needed whether my insurance carrier deems them payable or not and that I am obligated to pay for these services in full.

___ Refractions: Refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary in order to write a prescription for glasses or contact lenses. Medicare and most medical insurances do not cover the fee for refractions. I understand that I am responsible for this fee and it is payable at the time of service.

*** I have read these instructions and have initialed on the specified line to show that I understand the information provided. All of my questions have been answered.***

Patient or Guarantor Signature

Date