CARTHAGE EYE CLINIC, PA

201 Hwy 16 E, Carthage, MS 39051

INSURANCE STATEMENT

Our office is pleased to accept your insurance assignment. We offer this service as a courtesy to our patients. However, it must be clearly understood that the "contract" is between you, the patient and your insurance company. You are thereby responsible for your account and any amount not paid by your insurance company.

Following is a statement of our policies governing insurance claims:

1. Although our office will bill your insurance company, it is necessary for the patient to fill out all of the insurance information form completely. If the form is not completed, we will not be able to appropriately bill the insurance company and the responsibility for payment then becomes that of the patient. We are sorry, but there are no exceptions to this policy.

2. We require our patients to sign an "Authorization to Pay the Doctor" form (or any other necessary assignment documents required by your insurance company). By doing so, the insurance company will make payment directly to our office.

3. The patient will pay the co-payment (the amount not covered by the insurance company) as agreed upon during the financial consultation.

4. Insurance payments ordinarily are received within 30 to 60 days from the time of billing. If a patient's insurance company has not made payment to our office within 90 days, we may request the patient to pay the balance due, and then reimburse the patient when and if the insurance company pays.

5. Our office does NOT guarantee that the patient's insurance company will pay. We will perform our routine insurance billing procedures upon verification of coverage. However, if for some reason, the patient's insurance claim is denied, the patient is then considered to be responsible for the full amount of the bill.

6. Our office will not enter into a "dispute" with an insurance company over any claim, although we will work with the insurance company to sort out any confusions or questions that might arise. We cooperate fully with the regulations and requests of the insurance companies. It will be, however, the responsibility of the patient to handle with the insurance company any type of dispute over payment by the company.

OUR COMMITMENT TO YOU

We appreciate having you as a patient in our practice. We will do everything possible to deliver the highest quality care in a safe and comfortable environment. Please do not hesitate to ask any questions you have about our services and office policies. If you are satisfied with our office and the service you receive, please feel free to tell a friend. We welcome new patients and appreciate it when our patients refer their friends and family.

Patient Signature/Date _____