



# Eye Physicians & Surgeons of Chicago, S.C.

## Financial Policy

### Non-Insurance Patients (Self-Pay):

1. Payment is expected at the time of visit for services that day. We accept cash, check, Visa, Mastercard, Discover, and American Express.
2. We provide a discount to self-pay patients. Charges are based on the type of service provided and may result in additional charges if diagnostic tests are performed.

### Insurance Policy:

1. We will file an insurance claim for you, provided you supply all the necessary insurance information.
2. We are unable to see you as a patient if your insurance is not in-network.
3. All charges not covered by your insurance company are your responsibility.
4. Co-payments are due at the time of service. We accept cash, check, Visa, Mastercard, Discover, and American Express.
5. If immediate payment is impossible, payment arrangements must be approved in advance.
6. It is your responsibility to understand your benefit plan. It is your responsibility to know if a referral is required to see specialists.
7. Balances unpaid after 90 days may be turned over to a collection agency unless other arrangements have been made.
8. Patients will be denied future appointments until their bill is paid in full, except under special circumstances.
9. There is a \$30.00 NSF (nonsufficient funds) fee for returned checks.
10. The refraction (test for glasses) is a non-covered service. The charge is \$50.00 and must be paid by the patient.
11. We require 24-hour notice to cancel an appointment. A \$25.00 fee will be charged for missed appointments and is the responsibility of the patient. This applies to late cancellations and "no-shows".
12. Patients who miss multiple appointments may be dismissed from the practice.