

## FINANCIAL POLICY

### Foreman Eye Associates, LLC

The practice of Foreman Eye Associates, LLC is dedicated to providing you the most efficient care and service possible. **Your understanding of our financial policy is an essential element of your care and service.** The following is a statement of our *Financial Policy*, which we require you to read and sign prior to treatment. If you have questions regarding our policy, please feel free to contact our billing department at 610-277-2447.

**Full payment is due at the time of service.** HMO and other “managed care” plans require that primary care physicians provide the patient with a referral to be presented to the specialty care physician. This form must specify a request for a consultation or for treatment, and reason for the referral. **If your insurance company requires a referral and you do not have one, we will need to reschedule your visit.**

It is your responsibility to know the details of your particular insurance policy. **Not all services are covered by all insurance carriers.** Services and diagnosis which are not covered by your insurance are your responsibility. Diagnoses and services are carefully documented to comply with federal law. Under no circumstances will these be changed, altered, or falsified in order to obtain coverage by insurance. If your insurance has a **copay**, it is due at the time of service. It is against the law for us to waive a **copay**. If we do not collect them, your insurance company can charge us with billing fraud. If you have a **deductible**, you are responsible for all charges until the deductible is met.

If your insurance carrier has a “network” of providers, it is your responsibility to make sure we are an “in network” provider prior to obtaining services. If we are not “in network,” we will still be happy to provide services. However, the percentage of charges or deductible for which you are responsible may be greater.

**It is your responsibility to make sure we have accurate insurance carrier information and billing information.** If a claim is unsuccessful due to inaccurate insurance or billing information, you will be responsible for the balance.

We make every effort to assist you in understanding the above information. We will also assist with any problems arising with your insurance to the extent that we can accommodate.

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Patient Name (Printed)

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Patient Signature

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Date