

**Jones Eyecare, PLLC  
Brent W. Jones, O.D.  
2075 Exeter Rd., Ste. 70  
Germantown, TN 38138  
(901) 754-2020**

## **OFFICE FINANCIAL POLICY**

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Office Financial Policy, which we require you to read and sign prior to any treatment.

All patients must complete our Patient Registration and Insurance form before seeing the doctor.

**FULL PAYMENT IS DUE AT TIME OF SERVICE  
WE ACCEPT CASH, CHECKS, VISA, MASTER CARD AND DISCOVER  
WE DO NOT OFFER TIME PAYMENT PLANS**

### ***Regarding Insurance***

We accept assignment of insurance benefits for plans of which we are a participating provider or consultant. If you have insurance or a change in insurance, inform the office staff. We cannot file your insurance unless you provide us with the necessary information and proper claim forms (when appropriate). In general, we do not file insurance for plans we are not a participant of or a non-panel doctor. We do not file secondary insurance for Medicare.

We require payment in full for all co-payments, deductibles, and non-covered items at the time services are provided and prior to placing orders for contact lenses or glasses. The balance will then be billed to you insurance carrier. However, the balance remains your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract.

In the event that we do not accept assignment of benefits as a non-participating provider, we require that you provide a credit card with authorization to bill that account for the balance. If your insurance company has not paid your account in full in 90 days after the claim was filed, the balance will automatically be billed to your credit card.

Please be aware that some and perhaps all of the services provided may be non-covered and not considered reasonable and necessary under the Medicare program and/or other medical insurance.

### ***Usual and Customary Rates***

Our practice is committed to providing the best possible treatment for our patients and we charge what is a usual and customary rate for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of its usual and customary reimbursement for the doctor's services.

### ***Adult Patients***

Adult patients are responsible for payment at time of service.

### ***Minor Patients***

The adult accompanying a minor and the parents (or guardians of the minor) is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to cash, check, VISA, Mastercard or Discover.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. It is designed to help hold health care costs down. I have read, understand and agree to this Financial Policy.

X \_\_\_\_\_ Date: \_\_\_\_\_