



FINANCIAL POLICY

Please read very thoroughly

Thank you for selecting Littlefield Eye Associates. We are committed to providing the best eye care possible. The following information outlines financial responsibilities related to payment for your professional services.

You, the patient, are ultimately responsible for all charges associated with your care. Littlefield Eye Associates participates with a variety of insurance plans. We refer to "in network" as the insurance companies we have a contract agreement with. Please be aware, you incur more out of pocket expenses for seeing a doctor out of network. It is your responsibility to check your insurance company for coverage and participation details.

We will submit insurance claims on your behalf to your primary insurance and one secondary insurance carrier. However, it is important to remember that your insurance is a contract between you and your insurer and it is your responsibility to know and understand the requirements of your insurance plan. We will not be responsible if you do not follow the specific terms of your insurance agreement and if we do not receive payment from them, you will be responsible.

It is your responsibility to:

- Bring your insurance card and a picture ID to every visit.
- Be prepared to pay for your co-pay and non-covered services at each visit.
- Obtain any referrals that your insurance requires.
- Provide a valid physical address. Post office boxes may be used as mailing addresses.

*Failure to provide any of the above may require you to pay in full or reschedule your visit.

If there is a remaining balance due after your insurance carrier pays, you will be billed.

If that balance is not paid within 90 days, we send outstanding balances to an outside collection agency without further notice. Payment arrangements can be made, but it is your responsibility to contact us before it is turned over to an outside agency.

We accept cash, check, VISA, MasterCard, Discover, American Express and Care Credit.

If the patient is a minor (17 years and younger), the parent or guardian must sign below. The parent, guardian or unaccompanied minor is responsible for any payment due at the time of service, required referrals, insurance and picture ID cards.

Our office will do what we can to assist you. If you have any questions or concerns, please do not hesitate to contact us Monday thru Thursday 7:00 am to 6:00 pm and Friday 7:00 am to 1:00 pm.

Littlefield Eye Associates believes that a good physician/patient relationship is based on understanding and communication. Your signature below indicates that you have read and agree to this Financial Policy.

Signature (Parent or Guardian's Signature if Under 18)

Date