NOTICE OF PATIENT FINANCIAL RESPONSIBILITY

Crossroads Vision Care 9250 FM 78 Converse, TX 78109
210-659-1223

INSURED PATIENTS: We participate with most insurance plans in our service area, including Medicare. If you are insured by a plan we are contracted with but are unable to provide an up-to-date insurance card, payment in full (as estimated by our staff) is required for each visit until we can verify your insurance coverage. While we will do our best to provide details for your insurance plan, understanding your insurance benefits *is your responsibility*. Please review your insurance company's guidelines for referrals, co-pays, and deductible amounts specifically for specialist visits. Please contact your insurance company with any questions you may have regarding your coverage.

COPAYMENTS & EYEWEAR ORDERS: All co-payments are to be paid at the time of service. This arrangement is part of your contract with your insurance company and also reduces the administrative costs associated with providing you medical care. As part of our contract with insurance companies, we must collect co-payments from patients and they cannot be waived. Please help us keep administrative costs to a minimum by eliminating the need to send statements to you for payments due at the time of service. Patients placing an order for glasses or contacts are required to pay at least 50% of the payment at the time of order. The remaining 50% is due at the time of eyewear or contact lens dispensing. If after 60 days your eyewear order is not paid for or picked up, your order may be returned to the lab and any payment previously made will be applied as a restocking fee.

Crossroads Vision Care will assist you by filing claims in a timely fashion. Please be aware that some of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. Once your claim is processed, you may have a balance due for services rendered and you are responsible for paying this amount.

If your insurance changes, please notify us before your next visit so we can verify your plan coverage. If you have any other changes such as address, email, home phone, cell phone, etc., please communicate those to us prior to any scheduled appointment.

SELF-PAY & OUT-OF-NETWORK PATIENTS: If you have no health insurance, we expect payment at the time service is rendered. If you are not covered by an insurance plan we are contracted with, payment in full (as estimated by our staff) is expected at each visit. It is then your responsibility if you wish to file a claim with your insurance to receive payment for your out of pocket costs.

CANCELLATIONS: A fee of $25 may be charged for any no-show appointments. This can be avoided by calling our office at least 24 hours in advance. Repeated missed or cancelled appointments will result in discharge from the practice. If you have an outstanding balance and have not made arrangements to pay your bill, no new appointments will be scheduled.

Thank you for abiding by our financial guidelines. We appreciate your business and we will remain committed to providing the best treatment to our patients.