



FINANCIAL POLICY

Thank you for choosing Cavanaugh Eye Center for your Ophthalmic needs. We are pleased to have you as our patient.

With today's rising cost of health care, we are making every effort to keep fee increases to a minimum. In order to do this, we need your help in fulfilling your financial obligations. The following is a statement of our Financial Policy.

IF YOU HAVE HEALTH INSURANCE COVERAGE...

- Please provide a current copy of your insurance card.
- Please notify us of any changes in your address or telephone number.
- All co-pays are due at the time of service.
- All non-covered services, such as refractions (new prescription for glasses), will be due at the time of service.
- All referrals are the responsibility of the member/patient and must be current prior to your visit.
- Your estimated portion, including any deductibles, co-insurance or non-covered service will be expected to be paid at least three days prior to your surgery date (our business office will notify you in advance if this is required).
- Patient balances are due 30 days after the insurance company notifies our office of patient responsibility.

IF YOU DO NOT HAVE HEALTH INSURANCE...

- Payment in full is required at the time of service.

IF YOU ARE HAVING A REFRACTIVE PROCEDURE...

- Payment in full is required at the time of service.

PAYMENT METHODS...

- We accept cash, checks, Visa, MasterCard and Discover.
- Financing arrangements can be made through CareCredit.

As a courtesy, we will gladly assist you by filing your insurance claim. If you receive a statement from our office after insurance has paid or denied, the balance becomes your responsibility to pay. If you disagree with the balance for any reason, please contact our business office at 913-897-9200.

I HAVE READ AND AGREE TO THIS FINANCIAL POLICY:

Signature of Patient or Responsible Party

Date