

INSURANCE INFORMATION

Dear Patient:

Thank you for choosing **Watts Eye Associates!** Our mission is to deliver the highest quality of eye care you will ever receive. As a courtesy, Watts Eye Associates will be happy to bill your insurance company for your visit with us. Please understand that this is your insurance policy, not ours. Please read our insurance policies, sign and date the bottom. By signing, you agree to pay your claim if for any reason your insurance company denies it.

- **INSURANCE CARDS:** Please have your card with you so we can copy all the necessary information. This will make the billing process easier for all of us. If your insurance should change in the future, please inform the office prior to your next visit.
- **CO-PAYS:** Have your payment ready when checking in at the front desk. This is a contractual obligation with you insurance company for which you are responsible and it is mandatory that we collect it from you.
- **REFERRALS:** As a member of an HMO, you have become a partner with your Primary Care Physician and it is mandatory that you get a referral from your Primary Care Physician to see a specialist. Optometrists are considered specialists. We require referrals for all visits that are not routine in nature, i.e. itchy red eyes, an injury to your eye(s), seeing light flashes or floaters, and so on. If possible, obtain multiple visits in your referral so you do not have to repeat this process if we need to see you more than once. If a referral has not been obtained and the claim is denied, you will be responsible for payment in full.
- **INSURANCE BENEFITS:** There are many insurance companies and many plans within insurance companies. Therefore, it is in your best interest to verify your benefits. Know your deductible amounts and confirm that Dr. W. F. Watts or Dr. C. E. McDonald is listed on your insurance companies provider list. Please also verify that you do not need a prior authorization for your visit.
- **WORKMAN'S COMP:** We do not bill Workman's Comp. cases. Payment is expected in full at the time of the visit. We will be happy to assist you in any paperwork or forms that need to be filed.
- **SELF-PAY:** Payment is made in full at the time of the visit.
- **CONTACT LENS FITTINGS:** If you elect to try contact lenses, a fitting exam must be performed. This is a non-billable visit and must be paid for at the time of service. The fitting fee includes the initial fitting visit; training time, sample solution and trial lenses, and all follow up visits for the first three months. This fee is non-refundable. If we need to change lens type, which may fall into a higher level of care and follow up, an additional fee may apply. These fees do not include your contact lenses. We can exchange any unopened boxes of contacts that are not expired.
- **FRAMES, LENSES, and YOUR PRESCRIPTION:** All of our frames have a warranty ranging from 6 to 24 months, and our lenses with a scratch resistant coating have a 12 to 24 month warranty on normal wear and tear. If you are not satisfied with your frame, lenses or prescription, please let us know within 90 days of your purchase so we may assist you further. We have the most flexibility within that 90day period with our frame manufacturers and optical laboratory. Please ask for more details.

Our staff will be happy to assist you through any of the processes listed above. We understand that insurance policies and programs can be quite confusing. Your patience and understanding will be greatly appreciated in helping to resolve any problems.

Signature _____ Date _____

Print Name _____