

CENTRAL FLORIDA EYE CARE, LLC

Dr. Scott Klein

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FINANCIAL POLICY

Central Florida Eye Care is dedicated to providing the best possible care and service to our patients. In order to avoid any misunderstandings regarding the payment services, it is necessary to establish a financial policy.

*You will be asked to present your insurance card(s) and driver's license at the time of your initial visit and periodically on follow-up visits. This will help us keep your account up to date.

*All self pay patients will be required to pay at the time of service or establish mutually satisfactory payment arrangements prior to services being rendered.

*Co-pays and deductibles are due at the time of check in for your appointment. These payments are a required part of your contract with your insurance carrier and increase the cost of billing unnecessarily if not paid at the time of service. For your convenience, we accept payment by cash, check, money order, debit card and most major credit cards. The billing of any co-payment will incur a \$5.00 service fee.

*As a courtesy, we will bill most insurance companies when you assign the benefits to Central Florida Eye Care. Every effort is made to maximize the benefits of your insurance plan; however, your insurance is a contract between you and your insurance carrier. If they do not pay your claim within 60 days, payment for services becomes your responsibility. We cannot accept responsibility for negotiating a disputed insurance claim. You will be refunded any overpayment that you make on your account in the event that your insurance eventually pays.

*Any balance remaining after your health insurance pays, denies or deems non-covered under your plan, will be your responsibility. Payment is due upon receipt of your statement.

*In the event that you have a private insurance that we do not bill, your account will be considered a self-pay account. As a courtesy, we will provide you with a bill (HCFA-1500 form) so you can bill your own insurance.

*If your medical plan requires a referral or an authorization number and you or your referring physician fail to obtain one, you will become responsible for all services provided.

If you have any questions or need to make payment arrangements, please ask to speak with the account specialist. Thank you for choosing Central Florida Eye Care. It is a pleasure to take part in your medical care.

Patient Signature

Date