

Northern Virginia Doctors of Optometry Patient Financial Policy

Northern Virginia Doctors of Optometry (NVDO) is committed to providing you with the highest level of service and care. It is our goal to provide you with a clear understanding of our Patient Financial Policy. If you have questions or concerns about our fees, policies or your financial responsibilities please let us know. We are committed to assisting you in any way possible to ensure your experience with our practice is seamless and enjoyable. It is your responsibility to notify our practice of any demographic, insurance or policy changes at time of service so that we can perform our duties accurately.

Co-pays

If you would like us to submit your visit to your insurance for payment, you will need to provide your insurance card at each visit. All copayments and past due balances are due at time of service unless previous arrangements have been made with a billing coordinator. When performing medical testing, NVDO is considered a "specialist" when determining your co-pay fees.

Insurance Claims

NVDO files your claims on your behalf to insurance plans that we are in network with. In order to properly file to your insurance provider, you will need to provide NVDO with your current insurance information (vision Insurance, medical Insurance; primary and secondary.) You are responsible for any co-pays or percent of charges that your insurance plan does not cover for that date of service. If any balance remains after the insurance provider has processed your claim, this balance will be due upon your receipt of notification. Failure to provide correct insurance information, at the time of your appointment may result in full patient responsibility.

Medical Insurance _____

Vision Insurance _____

Referrals

If your insurance plan requires a referral to see a specialist, it will be your responsibility to obtain a referral from your Primary Care Provider (PCP). If you do not have the required referral at the time of service, the practice reserves the right to reschedule your appointment or you will be responsible for the total cost of services rendered.

Request for Medical Records/Forms

Patients requesting their medical records will be charged a \$10.00 search fee and \$0.50 per page, not to exceed \$35.00 total.

Doctors/Attorneys requesting copies of a patient's medical records will be subject to a flat fee of \$35.00.

Any forms, at your request, to be filled out by the doctor are subject to a flat \$25.00 fee.

Returned Checks

Any payment made by check that does not clear your bank account will result in a \$25.00 returned check fee for insufficient funds. This fee will be added to your account for each returned check.

Minors

For any patients who are minors, the parent(s) or guardian(s) are responsible for full payment and will receive the billing statements for any minors receiving services. A signed release to treat may be required for unaccompanied minors.

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Missed Appointments

NVDO requests that you keep your scheduled appointment, *but we understand that life happens*. Please allow at least a 24-hour notice if you need to cancel your appointment. Missed appointments are subject to a \$50.00 fee.

Outstanding Balance Policy

It is our office policy to physically mail three statements to patients with outstanding balances. We will send a courtesy email if no payment is made after the third statement has been mailed. If payment still hasn't been made to the account, we will make one attempt by phone to make payment arrangements. If no resolution is reached, then a pre-collection letter will be mailed and we require a response within one week. If no action is obtained, then we will turn your account over to our collection agency.

If your account is turned over to our collection agency, you will be responsible for the initial balance in addition to a 12% collection fee of the initial balance.

Please provide the office with an approved email address and phone number that we can reach you at regarding financial concerns. This ensures that if for any reason you are not receiving statements in the mail, we can reach you by email or phone.

I give permission for NVDO to email me regarding my financial account.

My email address is: _____

I Decline to allow NVDO to email me regarding my financial account

Please list the preferred number to be reached at

_____ **Home, Cell, Work (please circle one)**

I give Permission for NVDO to leave a message regarding my financial account

I Decline to allow NVDO to leave message regarding my financial account

Northern Virginia Doctors of Optometry appreciates you for choosing us to help manage your eyecare health. We strive to provide you with the utmost care. If you have any questions or need more clarification on any of the above policies, please do not hesitate to contact us.

Your signature indicates that you have read, understand and agree with our policies and procedures.

Print Name / Date of Birth

Print Name of Guardian: (if patient is a minor)

Signature

Date
