



ANNE ARUNDEL FAMILY EYE CARE

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GENERAL FINANCIAL POLICY

Full payment is due at the time of service. A deposit of at least 50% is required before any materials can be ordered. The balance is due when the materials are dispensed. No materials can be dispensed unless they are paid for in full.

ABOUT YOUR INSURANCE

There are two types of health insurance that will help pay for your eye care services and glasses or contacts. You may have both and our practice accepts both:

1. Vision care plans (such as VSP, Davis Vision, or EyeMed).
 2. Medical insurance (such as Blue Cross/Blue Shield or Medicare).
- Vision care plans only cover routine vision exams, and frequently also cover eyeglasses or contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.
 - Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
 - If you have both types of insurance plans, it may be necessary for us to bill some services to one plan and some services to the other. We will use coordination of benefits to do this properly and to minimize your out-of-pocket expense.
 - We will bill your insurance plan for services *if we are a participating provider for that plan*. We will try to obtain prior authorization of your insurance benefits, so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract.
 - If we do not participate in your insurance, we will provide you with the necessary documentation so that you may submit the claim to your insurance company for reimbursement.

24 HOUR NOTICE OF CANCELLATION

Our practice is committed to providing the best eye care to our patients. We set aside sufficient time for each examination to allow for a comprehensive, unhurried visit. If you are unable to keep a scheduled appointment, please call our office to give 24 hour notice so that we can make the time available for someone else in need.

Thanks for your understanding of our financial policies. Please let us know if you have any questions.

I have read and agree to the above policies.

Signature of patient/responsible party

Date