



INSURANCE ASSIGNMENT AND AGREEMENT POLICY

SIRI PREMIER EYECARE will ensure accurate insurance verification and processing for payment. Nonetheless, the quoted benefits are not a guarantee for payment of services provided by SIRI PREMIER EYECARE. The patient is responsible to provide all information needed including worker's compensation or personal injury cases in order to accurately process insurance benefits.

You are responsible for all co-insurance payments, deductibles, and other non-covered services **on the day of service.**

REFERRALS / PRE-AUTHORIZATIONS

You are responsible to obtain any referrals and/or pre-authorizations required by your insurance company before services are rendered. We will do our best to maintain referrals and file claims to your insurance company. But you, the patient, are responsible for any non-covered services.

NON-COVERED SERVICES

As mentioned above, any unpaid services by the insurance company is the responsibility of the patient at the time of service. Patient is responsible to pursue the insurance company for reimbursement.

Insurance benefits vary. Most insurances provide some or all of the following:

- Eyeglasses and frame options (e.g. AR coating, UV protection, scratch resistance)
- Contact lens fit / evaluation / follow-up and materials
- Premium or specialty lenses

UNPAID BALANCES

SIRI PREMIER EYECARE is willing to work with you to resolve unpaid balances. You will receive a statement in the mail with up to **30 days** to make a payment or payment arrangement. Thereafter, it shall be handled by a collections agency with additional fees.

INSURANCE / NON-INSURANCE AGREEMENT

SIRI PREMIER EYECARE **will accept** your **medical insurance** after verification. Some requires co-payment. This includes UHC, Cigna, Integra and Medicare.

We **do not** accept your vision insurance.

If you **have a medical issue / reason** for your exam (e.g. diabetes, dry eyes, floaters, flashes, itchy eyes, pain, etc.), you are responsible to pay a discounted price of **\$47** for your **refraction** today in the office.

If you **do not have a medical issue / reason**, you will pay a discounted price of **\$139** today in the office.

FEE FOR REFRACTION

Refraction is a necessary part of an ophthalmic examination. It is the optical determination of the best possible correction for glasses and/or contact lenses. Most major insurance companies **do not cover charges for refraction. Medicare** is one company that does not pay for this service. The fee for refraction is **\$47**. The amount is to be paid in full at the completion of your service.

I hereby sign to confirm that I have been informed and understood the insurance assignment and agreement policy. I authorize payments of my insurance benefits to go directly to SIRI PREMIER EYECARE. If my insurance does not cover the services I received today, I am fully responsible to pay for the service/s and materials.

I hereby acknowledge that I understand and agree to the above terms and conditions.

Patient/Legal Guardian Signature:

Date of Signature:

Relationship to Patient:

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