

## **Financial Policy**

Thank you for choosing Newton Wellesley Eye Associates as one of your healthcare providers. We are committed to providing you with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services.

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### **For Our Patients With Medical Insurance Benefits:**

We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicaid. Our billing department will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claim paid. It is the patient's responsibility to provide all necessary information before leaving the office. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.

### **Please bring your insurance card with you at the time of your appointment.**

If you are insured by a plan we do business with but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

If a patient is a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

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### **Co-payments:**

Co-payments are required at the time of service. For your convenience, we accept cash, checks, or the following credit cards: Visa and MasterCard.

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### **Waiver of Patient Responsibility:**

It is the policy of the practice to treat all patients in an equitable fashion related to account balances. The practice will not waive, fail to collect, or discount co-payments, co-insurance, deductibles, or other patient financial responsibility in accordance with state and federal law, as well as participating agreements with payers. Full or partial financial responsibility may only be waived in accordance with the practice's financial hardship policy.

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**Non-Covered And Out-of-Network Services:**

Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility.

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**Coverage Changes:**

If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

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**For Our Patients with No Medical Insurance:**

If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance, in accordance with our financial hardship policy.

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**Payment Plan:**

Please let us know if you are having difficulty paying your account. We may be able to help you by setting up a payment plan based on your financial hardship; you can call the office and ask to speak with our office manager.

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**Delinquent Balance Appointment:**

Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance in excess of 90 days if the patient has not made any payments or sought assistance via financial hardship during this time. If such payment is not made, services may be refused.

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**Nonpayment:**

All patient responsible balances that remain delinquent after 90 days, with no response to our requests for payment, may be referred to a collection agency.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.