



Welcome to Advanced EyeCare Centers, P.C.
Aurora 303-750-7621 • Centennial 303-770-8081 • Lone Tree 303-944-2020
Randolph E. Fincher, O.D., Edward J. Golesh, O.D., Laura L. Juba, O.D.
Hayes A. Redmond, O.D., Marla R. McHugh, O.D., Randolph C. Fincher, O.D.

Our Financial Policy

Thank you for choosing Advanced Eye Care Centers as your healthcare provider. We appreciate your trust and the opportunity to serve you. As a part of our service, we try to contain the ever-rising cost of health care. In an effort to do this, we have implemented a new Financial Policy. Our Insurance Department and Patient Finance Counselors will work very hard to make sure your paperwork is filed accurately and promptly.

Insurance and Insurance Collection

Please understand that insurance reimbursement can be a long and arduous process for our office. In fact, insurers will routinely stall, deny and reduce payments. To that end, our billing staff has undergone extensive and rigorous training to maximize your insurance reimbursement, while reducing the time by which they pay. As a courtesy to our patients, we contact your insurance company for the purposes of verifying your coverage. However, benefits quoted are NOT a guarantee of payment. For further information regarding your insurance coverage, we recommend you contact your insurance provider. Please initial next to your category of insurance listed below, as this will help us to speed up payment and eliminate any confusion in the future. Thank you.

Non-Contracted or Indemnity Insurance Plans:

___ We may bill your insurance as a courtesy. Our office, as a convenience and service to you, will absorb all costs incurred for billing. In the event that your insurance does not reimburse us within 45 days, we will simply transfer the balance to your account.

Plans in which we are a participating provider:

___ VSP , Eyemed (ECPA), Eye Specialists, Block Vision, Spectera, Vision Care Plan, VCPN, Colorado Vision Care Direct, Great West, Secure Horizons, Anthem-blue Cross/Blue Shield.

___ HMO Plans. All co-pays must be satisfied each and every visit. There can be no exceptions due to contracting and uniform compliance rules. You are responsible for getting proper referral information in advance of your appointment.

___ PPO Plans. We have agreed to accept the discounted rate from your plan. Most often, charges are applied to your deductible. You are responsible for payment until your deductible is met.

Self-Insured/Union Plans:

This office has been thoroughly trained on how to get reimbursed by your employer, however, in the event there is a problem, you must provide us with the name of your human resources director and/or benefits manager. We may also require your authorization to file complaint letters to the Department of Labor and your administration if necessary.

___ If we are not contracted with your administrator of your employer, we may bill your plan as a courtesy. In the event your plan has not reimbursed us within 45 days, we may simply transfer the balance to your account.

Medicare:

___ As a participating provider, we may bill your Medicare carrier for medical office visits. You are responsible for the \$30.00 refraction fee, if performed, which is not reimbursable by Medicare. With the exception of diabetic patients, Medicare does not pay for routine vision exams.

Secondary Insurers:

___ Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Secondary insurers will pay as a function of what your primary carrier pays. We may bill your secondary carrier as a courtesy. You are responsible for any balances after your insurance(s) has cleared.

Divorce Decrees:

___ This office is NOT a party to your divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minors rests with the accompanying adult.

Minor Patients:

The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan, Visa/MasterCard, or payment by cash or check at the time of service has been verified.

Additional Office Policies

Contact Lens Exam and Ordering:

- ▲ A prescription for contact lenses is different from a prescription for glasses. There is additional time necessary for procedures to assess the correct power, size, curvature, and type of lens and health of your cornea. The fee for this service usually ranges from \$20.00-\$40.00, depending on your type of prescription. This fee covers three follow-up visits for up to six months from the initial exam.
- ▲ Specialized fittings will be charged at a different rate to be determined at the time of the exam
- ▲ Most insurance companies consider the contact lens exam an elective procedure and in most cases will only offer a discount. We will honor any discount available to you.
- ▲ According to Colorado State Law, contact lens prescriptions expire one year from the date of your exam.
- ▲ We will gladly exchange any UNOPENED and UNMARKED boxes of contact lenses for boxes of equal value up to 6 months from original purchase date if initially purchased from our office. No refunds can be given for contact lenses purchased from our office, only exchanges or office credit.
- ▲ Contacts packaged in vials cannot be returned without the vial. Our office will gladly hold the vial(s) for you. You have 30 days to return the contact lenses (and original vials) for credit or exchange.
- ▲ Please ask your doctor or any staff for additional information regarding contact lenses and exams.
- ▲ Our office will only hold contact lenses for 30 days, after which they will be returned to the vendor. If contacts were paid for in full, they will be mailed to you for an additional charge.

Purchasing Frames and/or Lenses:

- ▲ Prescription glasses are custom made for your visual requirements. Once a prescription is made that pair of lenses and frame cannot be returned and re-dispensed to another patient. Doctor prescription changes or patient non-adapt changes may be made at no additional cost, unless you up-grade or change your lens options..
- ▲ No refunds are given for prescription frames or lenses. Exchanges or office credit are allowed.
- ▲ A non-refundable deposit of at least 20% is required on all frames and lenses ordered.
- ▲ A 20% cancellation fee will be charged on all returned orders.
- ▲ In the event of a cancellation, the deposit is subject to forfeiture and the patient is responsible for the 20% cancellation fee.
- ▲ A 30-day satisfaction guarantee governs all purchase, however it is subject to the 20% cancellation fee.
- ▲ Our office will only hold glasses for 60 days, after which they will be returned to the manufacturer. If glasses were paid for in full, they will be mailed to you for an additional charge.

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

By signing below, you indicate that you have read and understand our policy and will work with us to settle your account in the most efficient manner.

Signature of Patient or Responsible Party

Date