

MOCKSVILLE VISION CENTER

198-B HOSPITAL STREET

MOCKSVILLE, NC 27028

(336) 751-5734 FAX (336) 751-4968

www.visionsource-mocksville.com

Steven G. Laymon, OD

Thomas A. Bull, OD

TO OUR PATIENTS ABOUT OUR FINANCIAL POLICY

Thank you for choosing our office for your eye care needs. We are committed to providing you with the best possible care. Our relationship is with you, not your health insurance carrier; but if you have vision or medical insurance, we are anxious to help you receive your maximum benefits. In order to achieve both goals, we need your assistance and understanding of our payment policy and your insurance program.

Payment for service is due at the time the service is rendered. We will accept cash or checks, as well as MasterCard, Visa, Discovery, and debit card. Eyewear (glasses or contact lenses) will be ordered with half payment and will be dispensed only when paid in full.

If you have insurance for some of the services we provide, we will gladly discuss any questions you may have. The following are answers to some of the most frequently asked questions.

1. Your insurance is a legal contract between you, your employer, and your insurance company. We are not a party to that contract and have no rights regarding its enforcement. Because of the number of insurance companies and policies, we cannot be familiar with the limits and exclusions of every one. It is your responsibility to be familiar with your policy and coverage. We are not responsible for any non-covered services performed in this office.
2. Your insurance information must be given to us at time of service. We reserve the right to refuse to file your insurance if the information is not received within thirty (30) days from the date of service.
3. If your insurance requires a particular form, our office staff will complete the professional portion of the claim form as a courtesy to you. To expedite processing, make certain that your part of the form is filled out completely and accurately before you give it to us.
4. We require that you pay any co-payments at the time of your visit. When we receive payment from your insurance company, our office will reconcile the account and will bill or refund any difference to you.
5. There are instances where, due to contractual arrangements imposed by your insurance company, we may be unable to receive payment directly from the company. In that event, we will ask you to pay for the services in full, with your insurance reimbursement directed to you.
6. If you have coverage for the same procedure with more than one company, we will only file the primary carrier for direct reimbursement to us. You may file the others for your reimbursement.
7. Any secondary insurance not forwarded by your primary insurance company (example: Medicare) is your responsibility to file.
8. Any prior approval or referral from another doctor that is required by your insurance is your responsibility to obtain. The prior approval or referral must be received by us prior to rendering services.
9. It is the responsibility of the patient to follow-up with their insurance company to be sure they are handling and paying the claim in an appropriate and timely manner. All unpaid insurance balances will become your responsibility if no payment has been received within 90 days of the date of service. You may then contact your insurance company for reimbursement.

As you can imagine, dealing with insurance is a challenge for us and we ask your patience and cooperation while we do our best to help you get the benefits due you.