



WELCOME TO THE OFFICE OF DRs. BETH SCHRAMM & SEAN MCKEOWN

The following is a statement of our Financial Policy, which we require that you read and sign prior to any treatment.

- **YOUR INSURANCE IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE COMPANY.** As a courtesy, we will be happy to file your insurance claim and accept assignment of insurance benefits. Our staff will be happy to assist you in determining your insurance coverage. However, benefits quoted by your insurance company are not a guarantee of payment. It is your responsibility to be sure we are a participating (in network) provider on your vision plan or your medical insurance plan. All co-pays and deductibles are due at time of service. **KNOWLEDGE OF BENEFITS AND ELIGIBILITY IS YOUR RESPONSIBILITY.** All insurance plans are unique; our staff may not have the information specific to your plan available to them before your visit.
- **AN ADULT IS REQUIRED TO ACCOMPANY ALL CHILDREN TO THEIR APPOINTMENTS.** The adult accompanying the minor is responsible for payment of services regardless of the relationship or financial arrangement.
- **A 50% DEPOSIT IS REQUIRED FOR ALL EYEGLASS AND CONTACT LENS ORDERS.** Orders must be paid for in full before items will be dispensed.
- **REFRACTION SERVICE AND FEE:** A refraction is the process of determining your best corrected vision and if there is a need for corrective eyeglasses or contact lens. It is an essential part of an eye examination and is necessary to write a prescription for glasses or contact lenses. A refraction is NOT a covered service by Medicare or most insurance plans. These plans consider a refraction a "vision" service not a "medical" service.
- **CONTACT LENS EVALUATION AND FEE:** If you wear contact lenses, our professional staff will evaluate your current contact lenses to determine the appropriateness of your lenses and to evaluate the health of your eyes in order to continue contact lens wear. The fee for this service varies depending upon the type of contact lenses required, and is collected in addition to the fee for an eye examination without contact lenses.
- **PAYMENT IS DUE AT TIME OF SERVICE.** We accept Cash, Check, Visa , MasterCard, American Express, and Discover. There is a \$20 charge for returned checks.

I have read and agree to the financial policy listed above.

Patient/Guardian Signature

Date