

# **Gaddy Eye Clinic**

## **Financial Policy**

**Effective immediately:**

**Payment is expected in full for services rendered at the time of your visit should you not have any insurance coverage at all. Those with insurance any and all co-pays and co-insurance amounts are due at the time of service.**

**As a courtesy Gaddy Eye Clinic will be happy to file your ophthalmology visit with your insurance company(s) to assist you in lower up front out of pocket expenses. However, it is YOUR responsibility to provide the accurate up-to-date information at each visit. Gaddy Eye Clinic will not refile any claim(s) after a denial due to inaccurate information or patient error.**

**Gaddy Eye Clinic will also only carry an account balance without payment from patient or insurance for 90 days from the date of service before it will be placed for outside collection if patient has not made valid arrangements with our office. Gaddy Eye Clinic will be happy to provide a receipt for you to work with your insurance company to obtain reimbursement should you choose once account is paid in full.**

**Surgery that is scheduled with Dr. Gaddy at Gulf South Surgery Center is billed by both parties separately so you will receive two separate billing notices. It is our policy and intention to discuss your share if any is due before your scheduled surgery if at all possible. Your cost share is expected in full in our office before your surgery for Dr. Gaddy's fees. Should we not collect or expect anything due by you before and a balance remains after insurance payment is received it is your responsibility to pay such balance within 30 days or make arrangements with our billing department.**

**Vision Optique requires all glasses paid in full before glasses are picked up, however as a courtesy we will allow payment to be broken down into payments of no less than half at the time order is placed and the remaining balance at time of pick up. Glasses will not be held more than 30 days without payment.**

**By signing below you understand our office policy and agree to such terms.**

---

**Patient or Guardian**

---

**Date**