Tozer Lee Eye Center
9811 N. 95th St. STE# 101
Scottsdale, AZ. 85258
480-947-4493

Office Policies & Financial Agreement

Thank you for choosing Tozer Lee Eye Center for your eyecare and medical needs. We appreciate that you have entrusted us with your care, and we are committed to providing you with the best care possible. Because healthcare benefits and coverage options have become increasingly complex, we have developed this financial policy to help you better understand your rights and responsibilities as a patient.

Insurance Coverage

Please provide us with your current insurance information at the time of scheduling each visit and notify us promptly of any changes. We must be able to verify your insurance eligibility prior to your visit or your appointment may need to be rescheduled. In addition, failure to inform us of a change in insurance may result in exceeding the limits of the time allowed to file an insurance claim which would result in you being responsible for all charges. We will scan a copy of your insurance card and photo ID to copy and keep on file for our records in accordance with insurance plan requirements.

Yor health insurance policy is a contract between you and your health insurance company. Please note it is your responsibility as the policy holder/patient to understand the coverage and benefits and be knowledgeable of any deductibles, copayments and/or coinsurance.

It is the patient's responsibility to be sure your doctors are in-network with your specific plan, and that any services provided are covered under your plan. If your doctor is out-of-network, you will have higher out of pocket costs. If you have any questions regarding your current insurance policy and benefits, please contact your plans' member services department.

Address/Phone Number Changes

It is important we have your correct address and phone number on file. Please advise us anytime there is a change in your information. Failure to update our office could delay the billing process on your account and cause you to be charged if claims are not filed in a timely manner.

Medicare Patients

Medicare may not cover some of the services your doctor recommends. You will be asked to sign a separate Medicare ABN form if we suspect that a service or procedure may not be covered.

Self-Pay

Self-pay patients are those patients without insurance coverage or are receiving a service not covered by their insurance plan. Self-pay patients are required to pay for any charges at the time of service. Self-pay rates are dependent upon the procedure or service being performed.

Payments

All co-payments and past due balances are due at the time of service. In addition, we may collect a portion of your deductible if it has not been met. We accept cash, checks or credit cards for payment.

We will bill your insurance plan for covered procedures. Once they have paid their portion based on your coverage and benefits, you will receive a bill for any remaining deductible or co-insurance amounts owed. The balance is due in full within 30-days of receipt of the statement. Failure to do so may result in further collection activity which may include a referral to an outside collection agency and/or inability to schedule any further appointments. If you are unable to pay the full amount within 30 days, please call and speak to a manager.

Non-Medical Fees

There will be a $30 fee assessed on all returned checks.

Medical Records and Medical Forms

We do not charge for medical records requests. Should you need a copy of your medical records, please fill out a release form to authorize the release of records and designate a recipient. You also will have access to your records by signing up for our patient portal. This is also a great way to communicate back and forth with our practice and your doctor. Please ask the front desk associates for assistance if you need help signing up for the portal.

Missed appointments/ Cancellations

Office visits: Our office policy is to require at least 24 hours prior notice to cancel booked appointments. Failure to provide adequate notice may result in a missed appointment fee of $30.00. This fee is per incident for no-show or late cancellations.

"No Show" shall mean any patient who fails to arrive for a scheduled appointment. "Same Day/Late Cancellation" shall mean any patient who cancels an appointment less than 24 hours before their scheduled appointment.

Assignment of benefits

I hereby assign all medical and surgical benefits to which I am entitled. I hereby authorize and direct my insurance to issue payment directly to Tozer Lee Eye Center for medical services provided for me and/or my dependents.

I have read and understand these policies and procedures and that the practice requires my signature and I agree to be bound by its terms and conditions. I understand I may ask for a copy of this policy which I signed. I also understand and agree that such terms may be amended by the practice on an annual basis.

_____ _____/_____/_____

Printed Legal Name of Patient/Guardian or Responsible party **Date of Birth**

_____ _____/_____/_____

Signature of Patient/Guardian or Responsible party **Date signed**