Financial Policy

We would like to thank you for choosing Dr. Foulkes for your eye health needs. As one of our patients we would like to keep you informed of our current office and financial policies. We require that you read and sign this document prior to any treatment.

Insurance

Please bring your insurance cards, both primary and secondary, with you to each appointment. We will make copies of them for your file. Any changes in insurance coverage need to be communicated to the office staff upon arrival for your appointment. If you have more than one insurance, it is your responsibility to know which your primary insurance is and which your secondary is. Errors in this information may result in "untimely" filing of your claim and denial of payment by your insurance carrier.

Copayments / Balances Due

Copayments will be collected at the time of service along with any outstanding balances from previous visits.

Refractions / Contact Lens Fitting Fees

Refractions are considered a "non-covered" service by Medicare and most Commercial insurances. Therefore, we will collect the refraction fee at time of service. Contact Lens Fittings are also a "non-covered" service; this fee will be due at time of service.

Uninsured Patients

Payment in full is due at time of service.

Non-payment of Services

Non-payment of services may result in collection proceedings by Choice Recovery. In the event of default of payment, a collection fee of $40 will become the patient's responsibility in addition to your past due balance.

By signing below, I acknowledge that I have read and understand the above Financial Policy and my financial responsibility for any Deductible, Copay, Coinsurance, and also Refraction and Contact Lens Fitting if necessary.

Patient Signature _____ Date _____