

Financial Policy



We appreciate the confidence that you have expressed in selecting Dr. Khouri as your physician. If you have any questions about our services, fees, or other aspects of your care please feel free to discuss your concerns with us.

Payment for your office visit is required at the time of service for:

3. Patients without insurance.
4. Patients who are not covered by one of our contracted insurance plans.
5. Patients who do not provide us with contracted insurance information (We must have a copy of your current insurance card on file).
6. Routine eye examination (i.e. when no medical eye problem is known or suspected) which may not be covered by your insurance plan.
7. Any service that is rendered by our office that is not a covered benefit by your insurance policy.

ALL MONIES OWED BY THE PATIENT; CO-PAYS, DEDUCTIBLES, AND NON-COVERED SERVICES ARE PAYABLE AT THE TIME OF SERVICE.

Any patient who is seen or treated in our office, **WITHOUT PRIOR AUTHORIZATION IN WRITING FROM THEIR HMO GROUP**, is responsible for **FULL** payment at the time of their visit.

REFRACTION is a measurement of the lens power necessary to prescribe glasses or contact lenses. Most medical insurance plans, including **MEDICARE**, do not cover routine refractions. This procedure may be required for your treatment to determine if the cause of a decrease in your vision is due to an optical problem necessitating eyeglasses, eye disease or both. Your insurance requires that we charge separately for any non-covered service. This test also includes an OPD (optical difference) scan which measures auto refraction, corneal mapping, corneal curvature, pupillometry and corneal spherical aberrations. Refraction is only charged once a year so if a patient needs it repeated anytime during that year, it is free of charge.

I HAVE BEEN INFORMED THAT THERE MAY BE A \$60.00 CHARGE FOR THE REFRACTION PROCEDURE AND THAT IT IS PAYABLE AT THE TIME OF SERVICE.

CANCELLATION FEE

IF YOU NEED TO CANCEL AN OFFICE APPOINTMENT, WE MUST RECEIVE A CALL AT LEAST 24 HOURS IN ADVANCE. WE APPLY EVERY EFFORT TO GIVE PATIENTS WITH EMERGENCIES SAME DAY APPOINTMENTS. IF YOU DO NOT CANCEL WITHIN 24 HOURS OF YOUR APPOINTMENT, YOU WILL BE CHARGED A \$25.00 SURCHARGE, WHICH IS NOT COVERED BY YOUR INSURANCE.

IF YOU ARE SCHEDULED FOR A PROCEDURE AND CANCEL, YOU MUST DO SO 24 HOURS IN ADVANCE. IF YOU DO NOT, YOU WILL BE CHARGED A \$100.00 SURCHARGE, WHICH IS NOT COVERED BY YOUR INSURANCE.

Our staff will assist you in dealing with your insurance company, BUT it is your responsibility to know and understand your own insurance policy.

It is our sincere hope that this policy will be helpful in eliminating any confusion or misunderstanding.

I have read and understand the above information.

Signature

Date

PATIENT NAME (Please Print)