



## PATIENT FINANCIAL AND CONDUCT POLICY

**No Show/Late Policy:** A \$50.00 fee will be charged for missed appointments or for cancellations made on the same day as the scheduled visit. We have a 15-minute grace period before your appointment is cancelled. For elective surgeries, a cancellation fee of \$250.00 will apply if the procedure is canceled without at least seven (7) business days' notice, or if the patient fails to show up on the day of surgery. We understand that emergencies can happen, and legitimate situations will be reviewed on a case-by-case basis.

**Non-Discrimination:** MCEC is committed to providing compassionate, equitable care to all patients. In the event of a medical emergency, whether life-threatening or involving potential loss of vision—necessary medical services will be provided regardless of a patient's ability to pay. No individual will be denied emergency care based on financial status, insurance coverage, or any other non-medical factor.

**Patient Conduct and Behavior Policy:** Any form of disrespectful behavior from patients - including cursing, yelling, threats, intimidation, harassment (verbal or physical), discrimination, or any form of inappropriate or disruptive conduct will not be tolerated. Such actions compromise the safety and well-being of our staff and other patients. As such, any of these behaviors may result in the termination of the physician-patient relationship and dismissal from the practice. We are committed to providing a respectful and professional environment for everyone.

*At Medical Center Eye Clinic, we're committed to making high-quality care accessible to our community. We work with a wide range of insurance providers and participate in many major plans. Because coverage can differ depending on your individual insurance, we recommend reaching out to your insurance company directly before your visit to understand what's covered and what costs may apply, such as co-pays, deductibles, or non-covered services.*

*Please note that while our team is happy to help with general questions, it's also important to check if your plan includes routine vision benefits, as this varies widely. We want you to feel confident and informed about your care, and we're here to support you every step of the way.*

**Verification of Information:** All information given to MCEC regarding the ability to pay, third party insurance, alternate resource, etc., will be subject to verification.

**Assignment of Benefits:** Your provider's staff will bill insurance and alternate resources as a courtesy to you, if you provide the required insurance information and sign an assignment of benefits statement listed at the bottom of this information sheet. Our office accepts assignment for Medicare.

**Partial Insurance Coverage:** Patients with insurance policies that cover only a portion of treatment must pay the difference between actual charges and the anticipated insurance payment. Copays are due at the time of service. All remaining co-insurance amounts are billed on a 28 day billing cycle.

**Good Faith Estimates:** In accordance with the No Surprises Act, all patients—regardless of insurance status—have the right to request a Good Faith Estimate of expected charges prior to receiving non-emergency medical services.

**Uninsured Patients & Non-Covered Services:** Payment for all charges not covered by insurance is due at the time of service, unless prior arrangements have been made. A pre-treatment deposit of \$100.00 is required for the initial visit, and a \$75.00 deposit is required for each subsequent visit. The remaining balance, after the deposit, will be billed on a 28-day billing cycle.

**Accepted Payment Methods:** MCEC accepts cash, check, Visa®, MasterCard®, Care Credit®, and debit cards.

**Payment Arrangements:** For glasses or contact lens prescriptions, a 50% down payment is due at the time of service. The remaining balance is due upon delivery of the product. If optical fees or surgery charges exceed \$200 and the patient does not already have a Care Credit account, we can assist with obtaining one prior to service. Please ask a staff member for an application, and we will help guide you through the process. Most payment plans are available for up to six (6) months.

**Unpaid & Delinquent Accounts:** Payment for all outstanding balances must be received prior to any additional services. In certain situations, payment arrangements may be made. However, if the patient is self-pay and does not have insurance, any past-due balances may not be eligible for payment arrangements, and future visits will require payment at the time of service. Accounts that cannot be collected after standard in-house collection efforts may be referred to a collection agency, in accordance with our collection procedures. Patients will also be responsible for any related collection fees. If an account is placed in collections, the patient may be suspended from receiving future care at MCEC unless the situation involves emergency treatment, such as potential vision loss. Accounts written off as bad debt may also result in the denial of future non-emergency treatments.

**Non-Sufficient Funds:** Checks returned due to insufficient funds will be billed for the original check amount, plus a \$25.00 fee.

**Refunds:** Any overpayments will be refunded to the appropriate party. However, patient refunds will only be processed once all active or past-due accounts have been paid in full.

**Surgery Financials:** Patients undergoing surgery may receive separate bills from multiple entities, including but not limited to, their MCEC surgeon, the ambulatory surgery center or hospital, the anesthesiologist, and the laboratory responsible for processing clinical laboratory reports.

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Patient Name

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Parent / Guardian Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date