

# APPOINTMENT & SERVICE POLICY

## APPOINTMENT POLICY

We coordinate staff after reserving time for you, thus we require 24-hour notice to change or cancel visit. **A \$20 fee is charged if the office is not notified by phone or in person 24 hours before appointment and collected before rescheduling. E-mail notifications are not accepted for this circumstance.** After hours consult by our doctor when office is closed requires a \$20 fee along with your copay for this service.

## INSURANCE PAYMENT POLICY AND WAIVER

Somers Vision will submit insurance claims for medical & vision services rendered based on the ID cards you present. All efforts will be made to collect your insurance or vision benefits as your coverage is a contract between you and the respective company. Your copayment/coinsurance must be paid at the time of your visit. **You are also responsible for prompt payment of non-covered services and for any balance resulting from an unmet deductible. 2% discount is given if paying by cash or check (Copays & CareCredit exempt)**

*MEDICARE PATIENTS are responsible for their annual deductible of \$240.00 (January 1, 2024).* Medicare does not remit payment to any physician until your deductible has been met. Your secondary insurance will be billed whenever that is disclosed to our staff. You are responsible for any balance due after Medicare and your secondary insurance pays. Medicare and Medicare Advantage plans typically do not pay for refraction (the measurement for eyeglass prescription). The fee for refraction is \$24.00 per eye and is payable at the time of your exam.

## REFRACTION AND VISION PLAN POLICY

Please inform us of the date of your last routine eye exam, as most insurances allow only one eye exam during a certain time period (1 or 2 years). Some insurance plans do not pay for refraction, which is an important part of your eye exam. If you have a separate vision plan, please let the office staff know before your appointment. If you do not have vision coverage, you are responsible for a refraction fee of \$24 per eye + your copayment at your visit.

- Vision plans accepted are VSP, few EyeMed\* (\*Access, Advantage, Aetna and Cigna).
- We accept **Medicare Advantage Plans**: Which replaces the Federal Medicare Program (Aetna, Ct Care, Cigna, Health New England, United Health for medical eye care only)

\_\_\_\_ We Do Not Accept EyeMed Select or Insight; United Health Vision (Spectera) or  
\*\*Versant Health vision plans (\*\*Formerly Davis and Superior Vision).

## EYEGLOSS & CONTACT LENS ORDER POLICY

**Payment is required before orders placed.** A 50% Frame discount is given to private-pay patients on the day of the exam (sunglass & safety frames excluded). The lenses are crafted for each patient's prescription, cut to fit the frame selected. Thus, we cannot refund eyeglass payment after the order is placed. Contacts if unopen/unmarked boxes are returnable. Patients who have problems adapting to their glasses or contacts that were purchased here may be rechecked by Dr. Squillace within one month at no cost. If the prescription was filled outside our office, there is a charge for this service based on time spent being evaluated as it not billable.

*I agree to my financial obligations for services rendered by Dr. Steven Squillace and staff.*

PRINT NAME: \_\_\_\_\_ of the responsible party

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_