FAMILY EYE CARE
FINANCIAL & INSURANCE POLICY
Effective August 17, 2026

Thank you for choosing Family Eye Care. Our goal is to provide excellent eye care while keeping our billing and payment policies clear and consistent for every patient.

By receiving services from our office, you acknowledge and agree to the following policies.

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1. INSURANCE CARDS ARE REQUIRED AT EVERY VISIT

All current medical insurance and vision plan cards must be presented at EVERY visit.

It is the patient's responsibility to provide complete and accurate insurance information before services are rendered.

We will submit claims only to the insurance and/or vision plan information presented to our office at the time of the visit.

If you have a separate vision plan, such as VSP, EyeMed, or another vision benefit, **you must notify us before your examination or optical services are provided.**

We do not retroactively bill insurance or vision plans that were not disclosed or presented at the time of service.

Exceptions will be made only when required by applicable law or by our contractual obligations with an insurance carrier.

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2. INSURANCE BENEFITS ARE NOT A GUARANTEE OF PAYMENT

Verification of benefits or eligibility does **not** guarantee that your insurance company will pay a claim.

Your insurance company determines benefits after the claim is processed.

You are responsible for applicable:

- Copayments
- Coinsurance
- Deductibles
- Non-covered services
- Non-covered materials
- Plan exclusions
- Charges assigned to you by your insurance carrier

Patient responsibility is subject to applicable insurance contracts and federal and state law, including MassHealth requirements.

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3. COPAYMENTS & PATIENT BALANCES

Copayments are due at the time services are provided.

Known deductibles, coinsurance, non-covered services, and other patient-responsibility amounts may also be collected at the time of service.

Payment is expected when due unless other arrangements have been approved by our office **in advance**.

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4. REFERRALS

If your insurance plan requires a referral from your Primary Care Physician:

THE REFERRAL MUST BE RECEIVED BY OUR OFFICE BEFORE YOUR APPOINTMENT.

It is ultimately the patient's responsibility to contact the PCP and make sure the appropriate referral has been issued.

If a required referral has not been received before a routine appointment:

YOUR APPOINTMENT MAY BE RESCHEDULED.

This is particularly important for MassHealth members enrolled in plans requiring PCP referrals.

A signed office waiver does **not** make a MassHealth member financially responsible for a MassHealth-covered service when MassHealth regulations prohibit such billing.

Urgent or emergency medical care will be handled according to applicable clinical, insurance, and legal requirements.

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5. EYEGLASSES & CUSTOM-MADE OPTICAL PRODUCTS

Prescription eyeglasses are **individually manufactured and custom-made specifically for you** based upon your prescription, measurements, frame selection, lens design, treatments, and other specifications.

CUSTOM-MADE EYEGLASSES ARE NON-REFUNDABLE ONCE ORDERED.

Because prescription eyewear cannot ordinarily be resold or used for another patient, we cannot provide refunds simply because a patient changes their mind, no longer wants the glasses, or prefers a different product after the order has been processed.

However, we want you to be happy with your eyewear.

If you experience a legitimate prescription, lens-adaptation, manufacturing, or fitting concern, we will work with you in good faith to correct the problem and, when appropriate, remake the eyewear within applicable laboratory, manufacturer, insurance-plan, and warranty limitations.

Nothing in this policy limits any rights applicable to defective merchandise under Massachusetts law.

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6. PAYMENT BEFORE DISPENSING

ALL PATIENT-RESPONSIBILITY BALANCES MUST BE PAID IN FULL BEFORE EYEGLASSES, CONTACT LENSES, OR OTHER MATERIALS ARE DISPENSED OR RELEASED.

This includes, when applicable:

- Eyeglasses
- Contact lenses
- Specialty contact lenses
- Prescription sunglasses
- Lens upgrades
- Frames
- Accessories
- Non-covered materials
- Insurance copayments or material allowances owed by the patient

We reserve the right to require deposits or advance payment for special-order or custom products.

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7. VISION PLANS

Medical insurance and vision plans are **not interchangeable**.

Patients must tell us about **all vision coverage before the visit** so that we can determine whether services should be submitted to a medical insurer, vision plan, or both when permitted.

A vision plan discovered or disclosed after the examination does not automatically require Family Eye Care to rebill the visit.

We will not routinely cancel and rebill claims simply because vision-plan information was not provided at the time services were rendered, except when required by law or our payer contract.

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8. MASSHEALTH / MEDICAID

MassHealth has special rules governing patient financial responsibility.

Family Eye Care will **not bill a MassHealth member for a MassHealth-covered service when doing so is prohibited by MassHealth regulations.**

Patients are still responsible for cooperating with MassHealth requirements, including:

- Providing current eligibility information
- Presenting insurance information
- Identifying their ACO or health plan
- Obtaining required referrals before appointments
- Providing accurate demographic information

If a required referral is not received, a routine appointment may be **rescheduled rather than performed without authorization.**

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9. DENIED CLAIMS & PATIENT RESPONSIBILITY

If an insurance company denies or reduces payment, we will review the reason for the denial.

If the balance is legitimately the patient's responsibility under the patient's insurance benefits and applicable law, the balance becomes due from the patient.

Patients are expected to respond promptly if our office requests information necessary to correct or resubmit a claim.

Insurance companies impose strict deadlines for claim corrections and resubmissions. **Failure to promptly provide requested information may prevent us from correcting a claim within the insurer's filing deadline.**

Patient responsibility will always remain subject to applicable payer contracts and federal and state law.

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10. OUTSTANDING BALANCES & COLLECTIONS

Patients are expected to respond to statements and resolve outstanding balances promptly.

ACCOUNTS REMAINING UNPAID FOR MORE THAN 120 DAYS MAY BE REFERRED TO AN OUTSIDE COLLECTION AGENCY.

Once an account has been referred to collections:

- The outstanding balance remains due.
- The patient may be responsible for collection costs, court costs, or other fees only to the extent permitted by applicable law and any governing agreement.
- Routine/non-emergency care at Family Eye Care may be terminated.
- The patient may be required to establish care with another eye-care provider.

Any termination of the doctor-patient relationship will be handled with appropriate written notice and in accordance with applicable professional and legal requirements.

Upon receipt of an appropriate authorization, we will provide or forward the patient's records as required by law.

11. DISCHARGE FOR NONPAYMENT

Patients whose accounts are referred to an outside collection agency may be **discharged from Family Eye Care for future routine care.**

We will provide appropriate notice and an opportunity to establish care with another provider as required.

Discharge from the practice does **not** eliminate responsibility for a valid outstanding balance.

PATIENT ACKNOWLEDGMENT

I acknowledge that I have read and understand the Family Eye Care Financial & Insurance Policy.

I understand that:

- I must present my current insurance cards at every visit.
- I must disclose any vision plan before services are provided.
- Required referrals must be received before my appointment or my appointment may be rescheduled.
- Copayments are due at the time of service.
- Patient-responsibility balances for materials must be paid before dispensing.
- Custom-made prescription eyewear is generally non-refundable once ordered, subject to applicable law.
- Valid balances remaining unpaid for more than 120 days may be referred to an outside collection agency.
- Failure to resolve an outstanding account may result in discharge from the practice for future routine care.

Patient/Responsible Party: _____

Signature: _____

Date: _____

Relationship to Patient, if applicable: _____