



Agnone, Morrison & Associates
Eye Physicians and Surgeons, Inc.

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FINANCIAL POLICY

OUR PRIMARY PROFESSIONAL RELATIONSHIP is with our patients. We participate in most insurance plans but our allegiance is to our patients first. We expect our patients to take final responsibility for the cost of their medical care. If your insurance company does not respond to our claims, then we will ask for your assistance.

CO-PAYMENTS, COINSURANCE, and DEDUCTIBLES will be collected at the time of service, if required by our contract(s) with your insurance. We accept cash, personal checks, MasterCard and VISA. Co-payments are charged at the (specialist) office visit rate. If you arrive in the office unprepared to pay these required sums, we will need to reschedule your appointment. Patients without insurance (self-pay) are expected to pay in full at the time of service. We do not accept postdated checks. We do not accept attorney letters promising payment after settlement of accident and/or injury claims.

WE FILE INSURANCE CLAIMS for you with Medicare, Medicaid, and insurance carriers with whom we participate. We will make every effort to file with your 2nd and 3rd carrier for you. Please tell us if you do not want us to file an insurance claim. Charges for a first visit typically run between \$150.00 and \$250.00; they can be higher or lower.

BRING YOUR CURRENT INSURANCE CARD(s) to each visit. Tell us when you change your medical insurance(s). Also, please tell us of address and/or telephone number(s) changes.

HMOs MAY REQUIRE AUTHORIZATION from a primary care physician for specialist visits. You must obtain this BEFORE your visit. We regret that we cannot obtain these authorizations for you. If you need an authorization but have not obtained one, we will need to reschedule your appointment.

MEDICAID PATIENTS must bring a current Medicaid card to each visit. If you have a spend-down that is not yet met, bring that amount with you.

THE BILLING OFFICE phone number is 937-578-2893.

**The Purpose of Our Ophthalmology Practice is to Heal Our Patients;
The Purpose of Our Ophthalmic Business is to Keep Us in the Practice of Ophthalmology.**

The following policies are in place to allow us to remain in the practice of ophthalmology:

- \$30.00 charge for NSF checks.
- \$25.00 charge for appointment cancelled with less than 48 hours notice.
- Charges for completion of disability, FMLA, etc. forms are \$20.00 for the first page and \$5.00 for each additional page, payable in advance.
- \$20.00 charge for statement if co-payment, coinsurance and/or deductible not made at time of service.
- 40% of balance charge if payment not forthcoming and account transferred to collection agency.
- Records copying & mailing charges per State of Ohio guidelines.

Detailed explanations of the above policies are available upon request.

I, _____ (Name of Patient), have read the above FINANCIAL POLICY in full. I understand and agree to comply with the FINANCIAL POLICIES of AGNONE, MORRISON, & ASSOCIATES, INC. I authorize AGNONE, MORRISON, & ASSOCIATES, INC., to release any medical information needed for insurance claims submission, and I assign to it the insurance payment for its services. I understand that I am financially responsible for charges not covered by insurance.

Signature of Patient or Responsible Party

Date