

WISE VISION CARE, LLC
Financial Policy
1270 Ribaut Rd., Beaufort, SC 29902
843.525.9473

PATIENT FINANCIAL RESPONSIBILITY

Our objective is to provide you with the highest quality health care in the most cost-effective manner; however, the ability of Wise Vision Care, LLC to achieve this objective depends greatly on your understanding of our financial policy. If you have medical insurance, we will file an insurance claim form on your behalf. Although we file your insurance claims for you, we need your active participation in the insurance claims process.

MEDICARE PATIENTS – as a participating provider of Medicare Part B (physician services), Wise Vision Care LLC will file your claim with Medicare. However you are responsible for any and all coinsurance, copays, deductibles, and any services rendered not covered by Medicare.

NOTE: You will be informed of services not covered by Medicare before they are rendered. Your signature on the appropriate Medicare waiver form represents your authorization for the physician to perform these services and your acceptance of the financial responsibility for term. If you have Medicare Part A only, then the services you receive from our practice will not be covered by Medicare.

HMO/PPO/MANAGED CARE INSURANCE PATIENTS - many plans require that you obtain an authorization in order to receive care from a specialist. In some cases it is your responsibility to obtain this authorization/referral if required. **Insurance denial of your incurred charges will be your financial responsibility.** Please have your authorization/referral forms and membership card ready when you check in. You will be required to pay any copays for services at the time of service.

PATIENTS WITH NO INSURANCE –are required to pay for the office/provider portion of their visit in full at the time of service. If special financial arrangements are deemed necessary, you will be given extra information regarding your charges. It is imperative you follow these instructions to satisfy your financial responsibility with Wise Vision Care, LLC.

Print: Patient's Name

Print – Guardian/Account Responsibility Name

Relationship to the Patient

Signature: Patient's /Guardian

Date

(revised 12/09/2015)