



READ ME!!!

Financial Policy

The providers and staff of Pediatric Eye Associates are a proud team whose primary mission is to deliver the most comprehensive eye care available. In addition we are dedicated to making top-quality care as cost effective as possible.

Non-insured patients: payment in full for all charges

Payment is due in full at the time of service. We accept the following forms of payment:

1. Cash
2. Check
3. Visa/Mastercard/ Discover

Patients presenting insurance: co-pays, co-insurance, fees for non-covered services, unpaid deductibles and/or balances on any accounts applicable are due.

Due at the time of Service: INSURANCE CARD

If you are not prepared to pay at the time of service, we will reschedule your appointment!!

Due Prior to Surgery:

Co-pays and co-insurance

Unmet deductible amounts and unpaid account balances

Insurance Filings:

As a courtesy we do file most, but not all, valid medical insurances.

We carry 2 vision plans- VSP and Superior

If for any reason insurance denies payment, the balance is due within thirty days from notification by PEA.

Billing Amounts to the Patient:

Amounts billed are due within 30 days. If we have not received the balance due within 30 days, a collection fee of \$25 will be added to the balance and the balance will be assigned to a collection agency.

Patient/Guardian _____ Date _____