



## Assignment of Insurance Benefits and Financial Policy Notification



Thank you for choosing Maynor & Mitchell Eye Center as your eye care provider. We are committed to providing you and your family with the best available care. In our ongoing process to meet your medical needs, our billing department will be available to discuss our fees and policy with you as needed.

We ask that all responsible parties read and sign our financial policy and complete the patient information forms prior to seeing the physician.

I hereby assign and request that payment of all medical benefits be made to the providers of Maynor & Mitchell Eye Center, P.C. I authorize the release of all medical and other information that is necessary to process claims. I understand that I am financially responsible for any and all non-covered charges incurred while under the care of said physician, including co-payments. It is also acknowledged that any unpaid balances may be subject to collections and is the responsibility of the guarantor.

Payment for all services will be due at the time services are rendered. In order to serve you better, we accept cash, check, Visa, MasterCard, Discover, American Express, Care Credit and Wells Fargo. As a courtesy to you, it is the policy of Maynor & Mitchell Eye Center to bill your insurance carrier, although you are ultimately responsible for the entire bill. As the responsible party, please understand:

1. Your insurance policy is a contract between you, your employer, and the insurance company. We are not a party to the contract. Our relationship is with you, not your insurance company. We will not become involved in disputes between you and your insurer regarding deductibles, co-payments, covered charges, secondary insurance, and "usual and customary" charge. As your medical provider, we will only supply factual information to facilitate claim processing.
2. Fees for services, which include unpaid balances, deductibles, and co-payments, are due at time of service. The **refraction fee of \$30.00** is also due at the time of service; some insurance companies will no longer pay for the refraction. Returned checks and unpaid balances will be subject to collection placement and collection fees. **All returned checks will have a charge of \$30.00.**
3. All charges are your responsibility whether your insurance company pays or does not pay. If your insurance carrier does not remit payment within sixty days, the balance will be due in full, from you. If any payment is made directly to you for services billed for Maynor & Mitchell Eye Center, you recognize an obligation to promptly remit payment to Maynor & Mitchell Eye Center.

At Maynor & Mitchell Eye Center, we understand that financial problems may affect timely payment, so we encourage you to communicate any such problems to us, so that we may assist you in keeping your account in good standing. If you have any questions, please call (256) 428-3265.

❖ **THIS FORM WILL BE SIGNED ELECTRONICALLY AT OUR CHECK-IN KIOSK**