



# Financial Policy

Dr. B. Faye Andrews  
Warrior Eye Care  
9821 Highway 31  
Warrior, AL 35180

Phone: (205) 647-3937

This is an agreement between Dr. B. Faye Andrews, and the Patient named on the form. In this agreement the words "you," "your," and "yours" mean the Patient. The word "account" means the account that has been established in your name to which charges are made and payments credited. The words "we," "us," and "our" refer to Dr. Faye Andrews. By executing this agreement, you are agreeing to pay for all services that are received.

**Monthly Statement:** If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

**Payment options:**

1. You may choose to pay by cash, check, or credit card (Visa, Mastercard, American Express, or Discover) on the day that services are rendered.
2. Regarding orders for glasses or contact lenses: you may choose to pay (1) the order in full at time of order, or (2) 50% on the order date and the remaining balance upon pick up.

**Restocking Fee:** In the event that you cancel an order for custom items (which would include all glasses and/or specialty contact lenses), if the job has already been started by the lab, you will be responsible for a restocking fee of 25% of the entire custom order.

**Payments:** Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within 20 days of the statement date.

**Late Fee:** A late fee of \$20.00 will be added to your balance each month (30 days) the account is past due.

**Required payments:** Any co-payments required by an insurance company must be paid at the time of service. Because this is an insurance requirement, we cannot bill you for these.

**Refunds:** Refunds will be given in the same form as the original payment. If the original cash payment was over \$20.00, the refund will be given in the form of a check. All refunds will be processed within 30 days.

**Contracted Insurance:** If we are contracted with your insurance company, we must follow our contract and their requirements. If you have a co-pay, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower payment from the insurance company. We will not be responsible for reimbursement of a lower insurance payment in this circumstance.

**Returned checks:** Checks returned unpaid will be electronically collected by Accu-chek along with all fees and expenses allowable according to state laws. Currently, the fee for any checks returned by the bank is \$30.00.

**Past due accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which we incur plus all court costs. In case of suit, you agree the venue shall be in Jefferson County, Alabama.

**Divorce:** In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parents responsibility to collect from the other parent.

**Transferring of Records:** You will need to request in writing, and pay a reasonable copying fee if you want to have copies of your records for yourself. Charges allowed by Alabama statute for medical records are \$1.00 for the 1 page and \$0.50 for each additional page. As a courtesy to you, our office will not charge for the first 10 pages, but will begin charging according to the Alabama statute on the 11 page. The amount of the fee is dependent on the number of pages we need to copy. The charge for copies of photographs or images will be \$2 .00 per page. There is no charge if we transfer your records directly to another provider via fax. If you are requesting your records to be transferred from another doctor or organization to us, you authorize us to receive all relevant information.

**Workers Compensation:** We require written approval/authorization by your employer and/or workers compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full. If no written approval/authorization is received prior to your initial visit, you will be asked to pay in full at the time of service. We will still bill your worker's compensation carrier as a courtesy to you, but will request reimbursement to be sent directly to you.

**Personal Injury:** If you are being treated as part of a personal injury lawsuit or claim, we request payment in full at the time of service. We cannot bill your attorney for charges incurred due to a personal injury case.

**Effective Date:** By signing this financial policy, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.

I authorize the release of any information necessary to process insurance claims.  
I am aware of the financial policy of Dr. B. Faye Andrews.

Patient's Name: (Please print clearly) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

