HARVARD EYE ASSOCIATES

Financial Agreement and Lifetime Signature Authorization

Harvard Eye Associates (HEA) are privately-owned medical facilities that provide medical services on a fee-for-service basis. HEA relies solely on insurance reimbursement and patient payment(s) for services rendered in good faith. HEA receives no federal, state or other third-party funding; as such, HEA does not have provision for providing on-going indigent care. The following Financial Agreement is developed in accordance with Office of Inspector General (OIG) guidelines as well as all applicable State and Federal reimbursement guidelines.

Upon obtaining a copy of your insurance card(s), HEA will verify your eligibility and benefits including deductibles, copayments, coinsurance responsibility, etc. under your health insurance company, and HEA will submit claims for all medically necessary services to your health insurance company. Please note that payment is ultimately due from you in the event that your insurance company denies payment for any service(s); i.e. termination of coverage, coordination of benefits, non-payment of premium, etc.

Deductibles, coinsurances, and any non-covered services are the responsibility of the patient. To the extent possible and feasible, all patient financial responsibilities are payable at the time of service and / or prior to surgical procedures. Not all health insurance companies publish their (allowable) fee schedule; therefore coinsurance percentages cannot always be accurately calculated for pre-payment. A HEA statement will be sent to you after your health insurance has processed your claim(s); the balance due will compare to the Explanation of Benefits you will receive from your health insurance company. Should you dispute any amount on your Explanation of Benefits / statement, please contact your health insurance company member services for clarification of your benefits.

Copayment(s), as stipulated by your health insurance company, are due on the date of service.

Please note that OIG guidelines (FR Vol. 65, No. 194, Oct.5, 2000) relative to anti-kickback statutes, as well as contractual obligations to the health insurance companies from whom HEA will seek reimbursement for medical services, prohibit the routine discounting of published fees, “insurance-only billing” or waiver of any insurance-assigned charges otherwise due from the patient.

Self-Pay: In the event that (1) you are uninsured, (2) HEA and / or its affiliated facilities does not have a participating relationship with your health insurance plan(s), or (3) you elect to have non-covered medical services (i.e. cosmetic or other services determined by your health insurance plan to be “not medically necessary”, etc.), HEA accepts self-pay patients with this signed agreement that payment is due on the day services are rendered or in the case of surgical procedures, payment is due prior to the surgical procedure(s).

HEA does not accept litigated cases and services are not provided on a contingency basis under any circumstances.

HEA is not a banking institution and does not assess finance charges to cover the operational cost of managing payments by installment; therefore, no internal financing options (i.e. budget or other installment plans) can be extended.

Eye Refractions: Typically, medical insurance plans do not pay for the refraction part of your comprehensive eye examination. Eye refractions are necessary not only for prescribing glasses and contact lenses but do also for determining whether you have eye disease. Even if you do not wish to receive new glasses, the refraction is an essential part of you complete eye examination.

For your convenience, HEA accepts cash, check, money order and credit cards. In addition, HEA offers financing options through third party vendors.

Consent to Contact: By providing us with your landline or cell phone number(s), you give your consent for us, our agents, and to our collection agents, to contact you at these numbers, or, at any number that is later acquired for you, and, to leave live, or pre-recorded messages regarding any accounts or services. For greater efficiency, calls may be delivered by an auto dialer.

I understand all of the terms defined above; I consent to receiving treatment under the stated terms and I agree to honor all of my financial obligations to Harvard Eye Associates. I hereby authorize this provider and its employees, agents and assignees to contact me via email, text messaging and to my cellular devices. My signature below constitutes my Financial Agreement and Lifetime Signature Authorization.

Patient Name Printed	**Date**	**Patient / POA Signature**
HEA Employee Name	**Date**	**HEA Employee Signature**

Failure to honor your financial obligations to HEA in accordance with this signed Agreement will result in your account being referred to Collections and termination of the treatment relationship in accordance with the regulations that govern ethical medical care.

Effective 10/11/2016