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New Braunfels, Texas 78130
830/625-6905

Dear _____:

Welcome to our Eye Care facility!!! We are happy to have you as our patient, and we look forward to meeting you.

We want your visit to be as easy as possible so we have enclosed some forms for you to complete. Please bring these forms with you at your visit. Please bring your glasses/contact lenses with you if you wear them.

FINANCIAL POLICIES: Charges for medical services and exams are due at the time services are rendered. Payment may be made with cash, check, Visa, Mastercard, or Discover. If you have insurance, which may assist you in paying for our services, we will be happy to take the information. All insurance will be verified prior to each office visit. For those patients who are under insurance plans with which we have signed contracts we will file your claims after co-payments and deductibles have been satisfied. If we are not a provider for your insurance company we will provide you with the appropriate paperwork to file your claim personally. If your insurance policy requires a referral from your primary care physician prior to coming for your appointment, it is your responsibility to insure the referral has been made.

MEDICARE: Assignment is accepted on Medicare claims. We will file your claims for all covered services and Medicare will pay benefits directly to the doctor. Each Medicare patient must meet the annual Medicare out-of-pocket deductible of \$100.00. Medicare will not cover a refraction fee. A refraction is the process of determining what your best corrected vision is.

MEDICAID/Indigent Health Care: Assignment is accepted on Medicaid. The patient must present a current Medicaid card at each visit. Non-covered services will be the responsibility of the patient.

RETURNED CHECK POLICY: All accounts will be charged \$25.00 for each NSF check received.

Your appointment has been scheduled for _____ at _____