



Financial Policy

Thank you for choosing Lakes Area Eyecare as your healthcare provider. We are committed to providing you the best eye care available. The following is a statement of our Financial Policy.

All co-payments and deductibles are due at the time of service. Full payment is due at the time of service for all non-covered services (refraction and contact lens exams). Our contract with your insurance company requires us to collect these from you. Payment in full is required without proof of insurance.

It is your responsibility to give us accurate and updated information for all of your insurance plans at each visit. Failure to do so may result in you being responsible for a balance that your insurance company may have otherwise paid. It is important for you to respond to your insurance company when any information is requested from you. Some insurance companies will not process your claim until you respond.

We only transfer responsibility to you after we have had a response from your insurance company. If an insurance payment has not been received within 90 days from the date of service, the bill becomes the patient's responsibility. Personal accounts over 120 days will be turned over to our collection agency.

It is important to read the explanation of benefits (EOB's) sent to you from your insurance company. This will explain why certain charges were not covered. If you have any questions regarding your bill, please contact us at 218-829-2929.

A 50% deposit is required on all products before they can be ordered. All past due balances must be paid in full before any prescriptions can be released or ophthalmic products are dispensed.

Lakes Area Eyecare is not responsible for damages to frame and/or lenses no longer under warranty or not purchased from our office.

Refraction Policy:

Please be informed that you may be refracted as part of the eye examination and that some insurance plans, including Medicare, do not cover this portion of the exam. The refraction portion of the eye exam is performed to determine if glasses or a change in your current spectacle correction will improve your vision. Refractions allow us to determine what your best vision is **today**. Payment for the refraction is expected at the time of service. The office of the Inspector General has deemed that not charging for a provided service is an "inducement" to the patient and therefore is illegal.

Name _____ Date _____