

INDIANA UNIVERSITY SCHOOL OF OPTOMETRY FINANCIAL AGREEMENT

The following contains important information concerning your financial responsibilities and your treatment at Indiana University School of Optometry (IUSO). Please read it carefully.

- 1. FINANCIAL AGREEMENT: Payment for services is due in full at the time services are rendered.** A 50% down payment must be made for any glasses or contact lenses at the time they are ordered, with the remaining balance due at the time of pickup. Direct ship contact lenses must be paid in full at time of order. Because services are based on medical necessity it is impossible for IUSO to provide a total cost prior to evaluation. IUSO will bill insurance as a courtesy, but this is not a guarantee that insurance will pay for services rendered or materials provided. It is the patient's responsibility to know insurance benefits and coverage. **The patient is responsible for all copays, deductibles, and services or materials not covered by insurance.** In the event it becomes necessary for IUSO to enlist the services of a collection agency and/or legal assistance, the patient is responsible for any collection expenses and reasonable fees.
- 2. NON-COVERED SERVICES:** IUSO's agreements with health insurance plans (i.e. HMOs, PPOs) relates only to items and services which are "covered" by the insurance plan. **The patient accepts full financial responsibility for all items or services, which are determined by insurance not to be covered, including the refraction fee.**
- 3. MEDICARE:** Payment of authorized Medicare benefits may be made on the patient's behalf to IUSO and its clinics for services furnished to the patient by IUSO. Any holder of medical information about the patient is authorized to release to the Centers for Medicare and Medicaid Services and its agents any information needed to determine these benefits or the benefits payable for related services. The patient's Financial Agreement signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance is indicated in Item 9 of the CMS 1500 form or elsewhere on other approved claim forms, the patient's signature authorizes releasing the information to the insurer or agency shown. IUSO accepts the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and deductible are based upon the charge determination of the Medicare Carrier.
- 4. MEDIGAP:** Payment of authorized Medigap benefits will be made to IUSO and its clinics on the patient's behalf for any services furnished to the patient by IUSO. Medical information about the patient may be released to the Centers for Medicare and Medicaid Services and its agent to determine payable benefits for related services.