

**BARRY EDISON, D.O., PC**  
**FINANCIAL POLICIES**

**CO-PAYS** Co-pay are due at the time of service

**SELF-PAY** Payment in full is due at the time of service if you do not have health insurance.

**MEDICARE** Dr. Edison is a participating Medicare Provider. Medicare, as well as your secondary (if any) will be billed for you. You are responsible for co-payment or deductible amounts as stated by Medicare and your secondary insurance company. We are not a Medicaid provider.

**SECONDARY INSURANCE** Your medical claim will be forwarded to your secondary insurance (if any) after payment and/or explanation of benefits (EOB) is received from your primary insurance company.

**REFRACTION** A refraction is the test performed during your exam that is used to determine your best corrected vision and your current eyeglass and/or contact lens prescription. It is an essential part of an eye examination, but it is considered vision care and is **NOT** a service covered by Medicare or most medical insurances. The refraction fee is **\$50.00**. The fee for refractions is collected at the time of service (day of your exam) and is in addition to any co-payment or deductible required by your insurance company – the co-pay or deductible is for the medical portion of your exam and is separate from and not included in the refraction fee.

**REFERRAL/AUTHORIZATIONS** You are responsible for obtaining a referral or authorization, if required, from your primary physician. You may be financially responsible for the charges if denied due to absence of a referral/authorization. Your scheduled visit may also be rescheduled due to the absence of a referral/authorization.

**ROUTINE EYE EXAM** You are responsible for knowing if you have annual routine eye examination coverage and notifying our office. If you are seen because of a medical problem and a medical diagnosis is made, your medical insurance will be billed and your exam will **NOT BE CONSIDERED A ROUTINE EYE EXAMINATION**.

**CANCELLATION POLICY** We request a 24 HOUR notice of cancellation or appointment changes. Please call our office at 732-542-0300 to notify us of any changes or cancellations. If we do not receive notice within 24 hours of your scheduled appointment, you may be subject to a \$25.00 cancellation fee.

**PATIENT BILLING/FINANCIAL RESPONSIBILITY** Medical services provided by our office are services you have elected to receive which implies a financial responsibility on your part. You are ultimately financially responsible for all approved and covered charges whether or not paid by insurance.

I have read the above policies regarding my financial responsibility to Dr. Barry Edison for provided medical services to me or the below named person.

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Patient Printed Name

Authorized Signature

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Relationship to Patient

Date