Powers Eye Center PLLC

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FINANCIAL POLICY

Payment for Professional Services

We accept cash, checks, debit cards, and credit cards. Unless we are billing insurance or prior payment arrangements have been made, payment is due at the time of service.

For your convenience, Powers Eye Center may send a secure payment link by text message to the mobile phone number on file. By providing your mobile phone number, you authorize our office to send payment requests, billing notifications, and other account-related communications by text message. Standard messaging and data rates may apply.

A 25% payment-in-full-at-time-of-service discount may be available on certain professional fees. This discount does not apply to amounts that are billed. Professional fees are non-refundable.

Payment for Optical Goods

Contact lenses and eyewear must be paid in full before ordering unless insurance benefits have been verified and the plan has confirmed payment to our office. Any amount not covered by insurance is due at the time of ordering.

Optical goods are subject to the following return and exchange policies:

Contact lenses: Unopened, unmarked boxes may be exchanged within 90 days. Opened or written on boxes are non-refundable.

Eyewear: Satisfaction is guaranteed for 30 days.

Glasses returned within 30 days, in the same condition as dispensed, may be eligible for a refund after verification and are subject to a 20% restocking fee.

After 30 days and through 60 days, an undamaged return may qualify for a store credit equal to 50% of the original patient payment.

After 60 days, there are no returns or refunds. Damaged frames are non-refundable.

Insurance Plans

Your insurance policy is a contract between you and your insurance company. Powers Eye Center PLLC is not a party to that contract. You are responsible for understanding your insurance benefits and coverage.

If insurance coverage cannot be verified, we may require payment at the time of service. When we accept your insurance, you are responsible for all applicable copayments, deductibles, coinsurance, and other patient responsibility.

You must provide current insurance card(s), photo identification, and accurate insurance information. Please notify our office of any changes in coverage.

In-Network Insurance

We will submit claims to your insurance plan when applicable. Payment may be required in advance and in full for services that are not covered, are considered routine, or cannot be verified at the time of service, including services provided on weekends or holidays.

If coverage is verified on the next business day and an overpayment has been made, covered amounts will be reimbursed as applicable.

Out-of-Network Insurance

We may submit claims to your insurance company as a courtesy. Payment may be required in advance and in full for some or all services.

When applicable, any reimbursement received from the insurance company will be forwarded to you or applied to your account, as appropriate.

Assignment of Benefits, Agency & Release of Information

I understand that I am ultimately responsible for payment of all charges incurred by me or my dependents.

I assign my insurance benefits to Powers Eye Center PLLC and authorize my insurance company to make payment directly to the practice. If my insurance company does not pay for services for any reason, I understand that I am personally responsible for the remaining balance.

I authorize Powers Eye Center PLLC to act as my agent with my health and/or vision insurance companies for the purpose of obtaining eligibility, benefits, coverage, payment, claim status, and other relevant information concerning current, previous, or future claims.

This authorization remains valid until revoked by me in writing.