



**Dr. Mary Pat Lange   Dr. Michael Mulhern**

1015 Iowa, Lawrence, KS 66044

p: 785-841-2280

f: 785-841-2765

## **FINANCIAL POLICY**

In order to achieve the highest level of service and quality care, we need your assistance and understanding of our financial policy.

Our office participates with most major insurance plans (see the FAQs) however we do NOT participate with ANY vision plans. If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral in order for your visit in our office to be covered under your medical insurance. If you do not have a valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination.

A refractive examination is not a covered service by most medical insurance companies, including Medicare therefore patients will be responsible for this fee (see our explanation of refraction).

It is the patient's/guardian's responsibility to:

- Be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles.
- Bring all of your current insurance cards to all visits.
- Provide our office with current information including address, phone numbers and employer.
- In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit.

We accept cash, checks and all major credit cards, except American Express, for services. We appreciate prompt payment in full for any outstanding balance. If you are unable to pay a balance in full, please notify our billing department immediately and we will try to work out a payment plan with you. Any check payments that do not clear the bank will be subject to a \$30 returned check fee. For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the parent or guardian with whom the child resides for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. We request that you inform the subscriber that their insurance has been used. Thank you for your cooperation.