Ophthalmology
LILLIE A. MOSADDEGH, M.D.
Specializing in diseases, lasers & surgeries of the eye

Financial Policy

In order to provide the best possible care at a reasonable fee, we request your cooperation with our financial policy.

Payments

Payments may be made in cash, by check or by Visa, Mastercard,, American Express or Dicover.
The cost of your visit depends upon the complexity of the problem and length of your appointment.

Refraction checks the optical state of the eyes to determine whether glasses are needed or a change in glasses is necessary, or to determine if a change in vision is due to medical pathology rather than a refraction change. Refraction is performed to all patients requesting to have a new glasses prescription.
If this exam is not a covered benefit through your insurance it is an out of pocket fee of $65 on the date of service at no exception.

Also not included in your exam fee are **Contact Lens Services**. These may include, but are not limited to: first time fitting, re-fit, or yearly prescription refill evaluation. Prices vary depending on the services and type of contact lenses prescribed, please ask the front desk or the doctor for this information.

Private Insurance

Please bring a copy of your insurance card and a claim form (if required).

Your **co-payment** is due at time of service.

Cancellation without Notice

If you do not show for a scheduled appointment and have not given at least 24 hours notice by voicemail or by alerting our staff personally, you will be given *a warning the first time*. The second time this occurs, you will be charged a $70 fee to help compensate us for the time on our schedule, which we allotted for your visit.

Service Charges

Returned check fee - $20.00
Copying of records - 50¢ a page plus rush or postage fees as listed on records release form.
Extra reports - $25 (this includes DMV forms)

We are happy to discuss any questions relating to your insurance.

I have read and understood the above information.

SIGNATURE X _____ DATE _____

PRINT NAME _____ RELATIONSHIP TO PATIENT _____