

Keszei Vision Care, PLC
3050 Old Centre Road
Suite 102
Portage, Michigan 49024-4882

Vincent A. Keszei, M.D.
Diseases & Surgery of the Eye



Telephone: (269) 459-8900
Fax: (269) 888-2494
Email: info@keszeivision.com
Web: keszeivision.com
(pronounced KAY'S eye)

FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, any and all financial liability rests with the patient.

Our office participates with most major insurance plans. We provide **MEDICAL and SURGICAL** ophthalmologic care to our patients as well as **routine eye exams**. We do not participate with **ANY** vision plans (VSP, etc.). **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 the 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 insurance companies, including Medicare. If you receive a refraction, you will be charged \$ 45.00 which is payable at the time of the visit.

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

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

We appreciate prompt payment in full for any outstanding balance. After our office has heard from your insurance, you will receive a statement with your balance due. It is your responsibility to pay the balance by the due date. **If you are experiencing financial difficulties, you must let our office know promptly.** If your account is turned over to our collection agency, you agree to pay any fees imposed by the collection agency in order to collect the overdue amount. Any check payments that do not clear the bank will be subject to a **\$25.00** returned check fee.

There is a charge for completing various forms, including your DMV form. Pre-payment is required for completing forms, or for extra written communication by the doctor. The charge is determined by the complexity of the form, letter, or communication.

Keszei Vision Care is committed to providing exceptional care. Unfortunately, when one patient cancels without giving enough notice, they prevent another patient from being seen. To avoid a \$45 missed appointment fee, please call us at (269) 459-8900 24 hours prior to your scheduled appointment to notify us of any changes or cancellations. To cancel a Monday appointment, please call our office by 2:00 p.m. on Friday. A credit card on file will be necessary to make any future appointments if you are a no-show for an appointment. We may dismiss you from our practice and ask you to find another doctor if you are a no-show for two (2) appointments within a 12-month period.