

DRS BRANSTETTER & SPARKS, OPTOMETRISTS
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Our office is committed to providing you with the best possible care. If you have vision insurance, we want to help you receive your maximum allowable benefits. We know that service to our patients is optimal when there is complete understanding and mutual cooperation.

It is NOT our policy to lend money or carry patient balances. Therefore, payments for services are due at the time services/materials are rendered/purchased. We accept cash, checks, MasterCard, Visa, Discover, American Express, and debit cards. You must realize, however, that:

- Your insurance is a contract between you, your employer, and the insurance co.
- We file insurance as a courtesy to our patients.
- Not all services are a covered benefit in all contracts.
- If you have questions about your benefits or eligibility call your insurance co.
- If you have two insurance carriers, you may only get coverage from the primary because of a "non-duplication clause".

We must emphasize that as eye care providers; our relationship is with you. While the filing of insurance claims is a courtesy that we extend to our patients, we are not able to bill your insurance unless you provide us with current and complete information.

Any estimates provided by this office are considered a guideline until the final insurance payment is received and the patient's account reconciled. This office can make no guarantee that the insurance will pay what was estimated.

If your insurance company has not paid your account in full within 60 days, the balance will be transferred to you for payment. If you have any questions regarding how your insurance processed claims, please call your insurance company.

The patient is responsible for costs associated with collecting said owed balances including but not limited to, collection agency fees, attorney fees, and court costs.

Referrals may be required by some insurances before you receive medical treatment. It is your responsibility to know if a referral is required and to obtain all necessary referrals from the appropriate provider. Patients without proper referrals will be asked to reschedule their appointment or make payment in full at the time of service.

If you are unable to keep an appointment or complete it, there will be a \$50 charge on appointments not canceled with 24 hours advance notice.

Authorization

I authorize Drs. Branstetter and Sparks, Optometrists, PA to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such eye care to third-party payers and/or health practitioners. I authorize and request my insurance company to pay directly to Drs. Branstetter and Sparks, Optometrists, PA insurance benefits otherwise payable to me. **I understand that my eyecare insurance carrier may pay less than the actual bill for services. I understand and agree that, (regardless of my insurances' status) I am ultimately responsible for the balance on my account for any professional services rendered on my behalf or my dependents.** I have read and understand the information presented on this page.

X _____ Date _____
Signature of patient (or parent if a minor)