



103 W. South Street
Woodstock, VA 22664

158 Front Royal Pike Suite 300
Winchester, VA 22602

Phone: (540)409-5254

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Financial Policy

(initial) _____ We make every effort to provide prompt medical care to each of our patients. Effective, January 1st, 2024, if you are unable to keep your scheduled appointment, a 24-hour notice to cancel the appointment is required. If proper notification is NOT received within 24 hours, I understand I will be charged a “no-show” fee of \$75.00. This pertains to any and all appointments.

(initial) _____ If there is an identified pattern of no-shows, defined as three (3) or more consecutive times within one (1) year, I understand that I will be discharged from the practice.

(initial) _____ It is our intention to maintain all patient accounts in our office. However, if your account becomes past due, the office will take the necessary steps to collect this debt. In the event your account is turned over to our collection agency, collection fees will be added to your balance. I understand I will be responsible for all collection fees, up to 50% of my total account balance.

(initial) _____ If payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF) or Account Closed (AC), I understand I will be responsible for the original check amount and an additional \$35.00 service charge.

(initial) _____ As of January 1st 2025, we are no longer able to bill any form of Medicaid, meaning any new or existing patient that has Medicaid will require to be self pay or find a new provider.

(initial) _____ Any patient that has a Dual Complete Medical Plan; we are able to accept and bill Medicare but we are unable to bill the remaining amount to Medicaid. ECPS will write off whatever the remaining amount is, except for if there is a refraction or no-show fee.

New Patient Emergencies: If an appointment is fit within the week of an emergency referral from either the ER or another provider, & Dr. Hynes is not on call for Valley Health, an additional fee of \$50.00 will be charged at time of visit on top of charges occurred during visit.

*All fees/charges quoted above are subject to change at any time, and without prior notification. Regardless of insurance coverage (in network or out of network) patients will still be accountable for any bills received from Eye Care Physicians and Surgeons.

Patient Signature

Date