



## Patient Financial Policy

**Welcome to Eye Care Specialists.**

**Our staff looks forward to assisting you and making your visit a pleasant one.**

Please sign and return form at your initial office visit.

**Private Pay:** If you do not have insurance coverage, we require payment in full on the date of service.

**Co-Pay:** Your insurance requires you to pay at time of service. We are a specialty office; therefore your co-pay may be higher. Please contact your insurance company for your specialist co-pay amount. A \$15.00 service fee will be charged in addition to your co-payment if the co-payment is not paid by the end of that business day.

**Insurance:** Our relationship is with you, the patient, not with your insurance company. As a courtesy to you, we will submit a claim to the insurance company for which you have provided billing information. In order to properly bill your insurance company, we require that you disclose all insurance information including primary and secondary insurances as well as any change of insurance. **Failure to provide complete insurance information may result in the bill being charged directly to you.** If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance. If claims for services provided to you are denied by your insurance company, you will be responsible for payment in full.

**Patients could also be responsible for any balances because of any/all of the following:**

- Co-insurance balances • Yearly deductible amounts
- Non-covered services • Out of network charges
- Terminated coverage • No insurance coverage
- Exhausted auto-benefits • Denied workers' compensation claim
- No referral obtained from Primary care physician
- Failure to respond to insurance carrier correspondence
- No pre-authorization obtained from insurance for services requiring pre-authorization

**Medicare/Medicaid:** We participate with Medicare, Idaho Medicaid Plans, Molina Healthcare of Washington, and traditional Washington Medicaid. We **DO NOT contract** with any Group Health Plans, Kaiser, some Aetna plans and some United Health Care plans. Additionally, we **DO NOT participate** with most routine vision plans, i.e. Vision Service Plan, Cole Managed Vision, Spectera, Davis Vision, Eye Med, or March Vision. If we do not participate with your insurance plan, payment in full is expected from you at the time of your visit. We will supply you with an invoice that you can submit to your insurance for reimbursement. There may be services and supplies rendered that are not covered by Medicare/Medicaid and therefore require a waiver be signed. By signing the waiver, you understand that you are financially responsible for payment of those services and/or supplies.

**\*\*If you have surgery at our outpatient facility, you are responsible for disallowed charges that may not be covered under your insurance plan. It is your responsibility to know your plan.**

**Billing Statements:** A monthly statement will be sent for balances due after insurance has been processed. Payments are due upon receipt of this statement and will be paid in full within thirty (30) days.

**\*\*If you have surgery at our outpatient facility, you will receive a separate monthly statement.**

**\*\*If you are unable to pay the entire amount, it is your responsibility upon receipt of the statement to call the billing office at (509) 758-8811 to discuss payment options.**

*Eye Care Specialists complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.*

*(Patient Financial Policy 1017)*

**Payment Options:** We accept cash, check, Visa, MasterCard, and Discover.

We accept some Care Credit plans. For more information, please contact our billing office at (509) 758-8811. Eye Care Specialists also refers patients to One Main Financial in Lewiston for financing of larger balances. For more information call (208) 743-9466.

**Returned Checks:** Will be subject to a \$30.00 fee.

**Delinquent Accounts:** If your account becomes past due, we will take necessary steps to collect this debt. If you receive a collection letter from us, the most important thing you can do is contact us. Our staff can assist you in setting up satisfactory payment arrangements. Accounts placed for collections are subject to handling fees (\$50.00 or 20% - whichever is greater) and interest.

**Routine Vision Plan vs. Medical Insurance:**

**Eye Care Specialists is a medical office and as standard practice will bill your visit to your medical insurance. If you have a vision plan and would like to use routine vision benefits, you must inform us upon checking in for your visit. A routine vision exam is a screening exam where your vision, pressure and refraction will be checked. A medical eye exam diagnoses medical conditions, does testing to evaluate the condition, and initiate/schedule treatment.**

\_\_\_\_\_

Signature of Responsible Party

\_\_\_\_\_

Date

**Glasses Prescription:** Eye Examinations have two portions, the eye exam and the refraction. The refraction is the measurement taken to determine if there is a need for glasses. Most insurance plans, including Medicare, do not pay for refractions. The charge for a refraction is \$60.00 and must be paid at the time of service. We will be happy to bill your insurance company and; should they cover and pay for it, we will reimburse you accordingly.

**Contact Lenses:** If you currently wear, or wish to start wearing contacts, there is a separate charge for the contact lens fitting which is not included with the cost of a refraction, and must be paid at the time of service. This fee will range from \$50.00 to \$100.00.

**There is a charge of \$30 for missed appointments.** We value the time we have set aside to see and treat you. If you are not able to keep an appointment, we would appreciate 24-hour notice. If you are more than 15 minutes late for your appointment we consider you a “no show” and subject to a missing appointment fee. If you are late, we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment. The first no-show is free. Any beyond that are subject to the \$30 fee.

I have read and understand the financial policy of Eye Care Specialists.

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Signature of Responsible Party

\_\_\_\_\_

Date

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