

**EYECARE SPECIALISTS, P.S.**

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**Patient Financial Policy**

**Welcome to Eye Care Specialists.**

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

Name: _____
DOB: _____

**Please sign and return form at your initial office visit.**

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

**Self Pay Fees: \$175.00 self-pay office visit + \$30 per each additional diagnostic test**

**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.

\*\*\*Please inform staff if you currently reside in a **Skilled Nursing Facility** or are under **Hospice Care**. These two scenarios affect the way we bill your insurance.

**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

Insurance Plans we DO participate with include traditional Medicare, Railroad Medicare and most MedAdvantage plans as well as with Wellcare. We participate with Washington and Idaho traditional Medicaid and most Qualified Health Plans for both states. We participate with Cigna, Blue Cross Blue Shield on both sides of the River: Regence, Premera, Blue Cross of Idaho and all states thru the Blue Card Program. Kaiser/Group Health is thru the First Choice Health Network and is the only Group Health we accept. We do participate with SOME Aetna, AARP and United Health Care Plans – BUT NONE OF THE MEDICARE HMO PLANS. We are OUT OF NETWORK with Amerigroup, Humana MedAdvantage and Kaiser HMO MedAdvantage. We are also OUT OF NETWORK with ALL routine vision plans, i.e. VSP (Vision Service Plan), Spectera, Davis Vision, FEP Blue and March Vision. Additionally our Optical shop is not contracted with DMERC or any of the Medicaid for hardware.

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.**

*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.*

**Billing Statements:** A monthly statement will be sent for balances due after insurance has processed. Payments are due upon receipt of this statement and should 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.

**Payment Options:** We accept cash, check (when you provide a check as payment, you authorize us to make a one-time electronic funds transfer from your account), Visa, MasterCard, and Discover. Online Bill Pay is available at [www.eyesrus.net](http://www.eyesrus.net).

Eye Care Specialists 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. **Credits on account:** Refunded via check or credit card. Refunds are issued once all insurance claims have processed and no future appointments are scheduled.

**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.**

**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 \$80.00 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. Glasses **RECHECKS** based upon this refraction are good for 90 days from the date of the test.

**Contact Lenses:** Eye Care Specialists does not fit Contact Lenses and you would be referred to an outside Provider for that service.

**There is a charge of \$50 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 10 minutes late for your appointment, we consider you a “no show” and are subject to a missed 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 \$50 fee.

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

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*(Patient Financial Policy 1.12.2026)*