

PACIFIC VISION MEDICAL CENTER

Billing Policy Information

It is your responsibility to know and understand your specific insurance policy provisions with respect to co-pays, payments and coverage.

Payment will be collected in full at time of service on all plans with which we do not participate

Co-pays and deductibles are payable at the time of service on all other plans

MEDICAL INSURANCE:

- As a courtesy, we will bill up to two insurance plans on your behalf. We will work with you on major services, such as lasers and surgeries, if payment arrangements are necessary.
- All diagnostic tests and pictures of the eyes performed in our office are billable to your medical insurance only.
- You are responsible for any discrepancies between our fees and the amount your carrier pays for services rendered in our office.

VISION INSURANCE:

- Please be aware in advance, routine eye exams and refractions (the portion of the exam which determines your best corrected visual acuity with lenses) are **not** covered by Medicare and most insurance carriers. These vision services are covered under vision insurance plans, not medical insurance plans. **The charge for refraction is payable at the time of service. If you do not want a refraction done, please notify the doctor's assistant immediately prior to your examination.**

STATEMENTS:

Please remember the responsibility of payment is your direct obligation. Payment may be made by check, cash, money order, Discover, Visa and MasterCard. If a check is returned to us due to insufficient funds, our returned check fee is \$25 and you will be required to pay for future services via cash or money order. If you receive a statement from us, our terms are 30 days. We will add a \$10 late fee for any unpaid balances after that.

OPTICAL (Glasses and Contact Lenses):

Glasses are custom ordered and made. Therefore, **glasses are payable at the time of order.** Our optical department can provide you with an itemization you may use to submit to your vision plan. All contact lens orders are payable at the time the order is placed.

ASSIGNMENT OF BENEFITS FOR PARTICIPATING PLANS:

I authorize payment directly to Pacific Vision Medical Center those benefits otherwise payable to the patient or the patient's guardian for those services provided by my doctor. If my current policy prohibits direct payment to the doctor, then I hereby also instruct and direct my insurer to make out the check to me and mail it to my doctor as follows: c/o Pacific Vision Medical Center

RELEASE OF INFORMATION:

I agree that, to the extent necessary to determine liability for payment and to obtain reimbursement to Pacific Vision Medical Center for services rendered, all or portions of the patient's record may be disclosed to any person or corporation (or any agent of such person or corporation) which is or may be liable for any portion of the charges made by my doctor, including without limitation, insurance carriers, health care services plans, workers compensation carriers and/or employers.

If it is necessary to employ an attorney or agent to enforce this document, or collect any judgment based on this document, I promise to pay all court costs and fees, whether taxable or not, in all courts, including bankruptcy and appellate courts.

The undersigned certifies they have read the foregoing and accept its terms.

Signature of Patient or Legal Representative

Date

Revised 03/12/09