

Columbia Falls Eyecare

Account Policy & Insurance Authorization

Please take a moment to familiarize yourself with our account policy. We are committed to providing you with the best possible eye care. In order to meet this objective and to help our office run as efficiently as possible, we must strictly adhere to our account policy as described below.

PAYMENT FOR DOCTOR SERVICES IS DUE IN FULL AT THE TIME OF SERVICE

Columbia Falls Eyecare accepts cash, personal check, money order, VISA, MasterCard, and DISCOVER. There is a \$30 service charge for any returned check. For those with verified insurance coverage, the estimated patient responsibility for services rendered, including copays is due at the time of service.

EYEGASSES

A \$50 deposit is required when ordering glasses. For those with verified insurance coverage, the estimated patient responsibility for a glasses order is due at the time of pick-up. **It is your responsibility to discuss any special payment arrangements PRIOR to your order. Cancellation of any materials orders after the order has been placed is prohibited.** All materials orders have a patient satisfaction guarantee which expires 90 days after the order is processed.

CONTACT LENSES

Columbia Falls Eyecare utilizes direct-to-you delivery on soft contact lens orders. **Payment is due in full for all contact lens orders at the time of order.** Those with verified insurance coverage for contact lenses are responsible for their anticipated out-of-pocket expenses, including copays, at the time of contact lens order.

ACCOUNT RESPONSIBILITY

You are ultimately responsible for all charges incurred. We bill participating insurance companies as a courtesy to you. However, your insurance is a contract between you and your insurer. If we have not received payment from your insurance company within 60 days of the date of service, you will be expected to pay the balance in full. Unpaid balances are billed monthly. Any balance that remains unpaid after 90 days will be sent to our collection agency, regardless if materials have been picked up, and a 30% collection fee will be applied to your balance.

INSURANCE

There are two types of health insurance that will help pay for your eye care services and products. You may have and our practice accepts both:

1. Vision care plans (such as VSP and EyeMed)
2. Medical Insurance (such as Blue Cross Blue Shield and Medicare)
 - * Vision care plans only cover routine vision exams along with eyeglasses and contact lenses. Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management, or treatment of eye diseases.
 - * Medical insurance must be used if you have any eye health problems or a systemic health problem that has ocular complications. Your doctor will determine if these conditions apply to you, but some are determined by your case history.
 - * If you have both types of insurance plans it may be necessary for us to bill some services to one plan and other services to the other. We will use coordination of benefits to do this properly and to minimize your out of pocket expense.
 - * We will bill your insurance plan for services if we are a participating provider for that plan. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, we will bill you for any unpaid deductibles, co-pays and non-covered services as allowed by the insurance contract.

ASSIGNMENT OF BENEFITS & ACCOUNT POLICY AGREEMENT

I have read and understand the Columbia Falls Eyecare Account Policy. I agree to assign insurance benefits on my behalf to Columbia Falls Eyecare whenever necessary. I understand that I am fully responsible for any penalties, service charges, and handling fees. I also understand that nominal adjustments may be made to this policy in the future without my knowledge. Furthermore, I agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed I will also be responsible for any fees charged by the collection agency for costs of collection and/or litigation.

Printed name of Insured/Authorized Representative

Signature of Insured/Authorized Representative

Date _____