



## FINANCIAL POLICY

Our primary desire is to help our patients have “eye-healthy” lives. In order to avoid any misunderstanding, we wish to state our following financial policy:

1. Co-payments are due at the time of your appointment.
2. If a referral is required by your insurance, you are responsible to obtain one from your primary care doctor prior to your appointment.
3. As a courtesy to you, we will submit an insurance claim for our services if you present your current health insurance card at the time of your appointment. This is not a guarantee that we have a contractual relationship with your insurance plan or that your specific insurance policy covers the services that were provided. If you do not hear from your insurance company within 30 days or you do not agree with their determination of payment, it is up to you to contact them to negotiate a solution.
4. You will receive a statement from us after your insurance company has processed your claim. This will include all charges that your insurance company has not paid. Your payment is due in 30 days, with late fees applied if your account becomes past due.
5. As part of your exam today, the doctor may wish to complete a refraction in order to prescribe eyeglasses or contact lenses for vision correction. Many insurance companies, including Medicare, do not cover the cost of refractions. Our charge for refractions is \$60.00. You will be responsible for this cost if your insurance does not cover it. Please let us know prior to your exam if you do not want a refraction.
6. A 15% discount will be given to our uninsured patients for payment on the day of service (excluding eyewear and contacts).
7. You will be asked to pay for services in advance of care if your account is not kept current. You may also be discharged from our care and referred to a professional collection agency if your account becomes delinquent.
8. We are happy to offer a budget plan payment for medically necessary services. To arrange this, please contact our billing office at **503-292-2124**.

We accept VISA, MasterCard, Discover, debit cards, cash and checks. Our processing fee for returned checks is \$25.00.

I have read and accept the financial policy as stated above.

Patient/Responsible Signature \_\_\_\_\_ Date: \_\_\_\_\_