

## Financial Policy

Payment is expected at time of service. For your convenience we accept personal checks, cash, Visa, Mastercard, and Discover.

**Insurance** We participate with some insurance companies, so please show the receptionist your insurance card when you check in. If your insurance is one we participate with, we will submit charges for you. If your insurance is not one we participate with, we will provide you with the necessary form (Encounter Form) that you can submit to your insurance for reimbursement. Complete insurance information is required in order for our office to file a claim to your insurance company. Insurance information that is incorrect or incomplete makes submission of insurance claims impossible. If this occurs, we require payment in full at time of service.

On a disputed claim the Eye Care Center cannot accept the responsibility for collecting payments from any insurance company or for negotiating a settlement. You are responsible for any amounts that insurance does not pay including, but not limited to, co-insurance, unmet deductibles, co-payments, procedures without pre-authorization, non-covered charges (i.e., refraction), or any difference between your insurance company's payment and the Eye Care Center's usual and customary charges.

**Copays** Insurance copays are collected when you check in.

**Insurance** Referrals are the responsibility of the patient. Any pre-authorization (non-Surgical) required by your insurance company must be obtained by you before your appointment. The Eye Care Center will not take this responsibility. If there is no referral, you will be responsible for the charges in full at time of service. Our doctors accept assignment; therefore, we will send applicable charges to Medicare for you. Co-insurance and amounts applied to your deductible will be billed to you after Medicare has processed the charges. The refraction charge of \$20 is due at the time of service.

**Medicare Authorization** I authorize payment of Medicare benefits and Medigap (supplemental insurance) benefits be made on my behalf, to the Eye Care Center of Northern Colorado, P.C. for any services furnished to me by Drs. Irene Olijnyk, Joel Meyers, William Benedict, or Morris Tilden. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services.

X

Medicare Authorization

X

Supplemental Insurance (Medigap) Authorization

**Payment Arrangements** The Eye Care Center realizes that unforeseen circumstances sometimes arise; therefore, it is our patients to meet with a Patient Account Representative to make payment arrangements, providing their account is in good standing. There will be an additional \$20 charge to bill copays.

**Account Information** It is not unusual for certain charges not to be included on the bill at the time of service, and when this occurs, these charges will appear on your next statement. These charges are due and payable upon receipt of your statement. Any refunds due on a patient's account will be refunded in the same way the payment was made to the Eye Care Center. In the event that a patient's account is referred to a collection agency, the patient will be liable for all collection costs including, but not limited to, reasonable attorney fees and court costs.

**Medication** The cost of medication is the responsibility of the patient and is to be paid for at the time of service.

**Patient Medical Records** In the event that you would like a copy of your medical records, the Eye Care Center must have a signed release from the patient (or legal representative). There is a charge for this service. The approximate processing time for medical records is four to seven working days.

**Insurance Release** I hereby authorize the Eye Care Center of Northern Colorado, P.C. to release any information acquired in the course of my examination and/or treatment to the insurance company in effect at the time of my visit and/or to my Primary Care / Referring Physician.