

Treasure State Eye Care

Patient/Insurance Beneficiary Liability and Coordination of Insurance Benefits

Please read the following information regarding our billing, payment and insurance coordination policies. Many of our patients have both vision and medical insurance benefits, and we feel it is important that you understand what is covered, what may not be covered, and who is responsible for payment of your balance. Please feel free to ask any of our staff if you have questions regarding the following information.

Vision plans are designed to provide a “wellness” exam and typically only cover the determination of your glasses or contact lens prescription and a routine check up of a normal vision system. Vision plans are not designed to cover more advanced testing, treatment or follow up care for more complex eye conditions. Often times, vision coverage will have a lower fee and/or copay to represent this level of care.

When a medical condition, diagnosis, or complaint is present (including but not limited to diabetes, hypertension, dry eye, cataracts, or other eye disease), it will become necessary to bill your medical insurance for any service required. There are varying fees and billing levels associated with these services. Any copay you have for a medical specialist will be applied. Some components of the exam may not be covered, be applied to your deductible, or have a high copay. These values are determined by your insurance company and we cannot change or reduce their set fees. Many times, we do not know if your exam will be billed to your vision or medical insurance before we begin testing.

In some cases, it is possible to bill your vision insurance for the portion of the bill that your medical insurer deems you are responsible for. This is not true in all cases and does not cover all costs, but when applicable, we will provide your vision insurance with the required information for reimbursement.

All fees will be charged for services, special testing, and contacts or glasses as applicable. All fees are set and invariable, and a total cost will be provided at the completion of your exam. As services are irrevocable, and glasses are custom made, no refunds will be provided and all sales are final.

It is your responsibility to provide us with all of the information necessary to file a claim on your behalf. We care required to have copies of your current vision and medical insurance cards. We **MUST** be able to verify coverage before you will be seen, with the exception of ocular emergencies. If we cannot determine your coverage, payment will be expected in full at the time of service. We will provide you with the proper paperwork to bill your insurance company directly for reimbursement.

These rules are not determined by our office. Your insurance coverage is determined by and contractual with your insurance company.

Our best effort will be made to provide you with a timely statement of your account, insurances often take up to 90 days to provide us with this information. All balances are due within 14 days of the statement date, and all accounts over 120 days past due may be sent to a collection agency. I understand that should I default on payment of my account and collection agency services are required, all costs of collections up to 40% of the balance, including attorney/court costs will be added to the balance of my account.

I acknowledge that I have read and understand the billing policies at Treasure State Eye Care and agree to all terms and conditions therein.

Signed: _____ **Date:** ____/____/_____