



Eye Health Northwest Payment Policy

OUR MISSION

It is the mission of Eye Health Northwest, P.C. ("EHN") to provide excellence in eye care for every individual seeking our care. We are dedicated to preserving a lifetime of vision for our patients through our uncompromising commitment to personal service, quality care, and value.

Patient Responsibility

Patients are responsible for payment for all services provided by Eye Health Northwest. We file primary and secondary insurance claims on your behalf. All co-payments, deductibles and non-covered services are due at the time of service. For new patients without insurance who need immediate care, a \$150 deposit will be required. For established patients a \$100 deposit is required. Any remaining balance will be billed. For self-pay patients, we have a discounted fee schedule for paying at the time of service. No insurance claims will be filed for cash discounted services.

Please bring your insurance card and identification with you to each visit. It is possible to receive your statements electronically through our Patient Portal. If you have a balance due at the time of your next visit, we will request payment at check-in.

Registration

Most demographic and insurance information will be updated at the time the appointment is made. You will be asked for an e-mail address in the event you wish to receive your visit summary, ask a medical question, pay your bill or review our service electronically via the Patient Portal. We will ask to see your insurance card and identification at each visit. We will verify your Primary Care Provider and the name of the provider who referred you to our practice, if any. If you have not seen an Eye Health Northwest provider in the last three years, we do a complete update of your record and consider you a new patient.

Refractions

Medicare and certain other medical insurances consider obtaining eyeglasses to be routine eye care and not a covered medical service. Therefore, the portion of the exam that determines your prescription, *the refraction*, is also considered routine and is a non-covered service. In these cases, refraction fees will be collected on the day of service.

Eye Glasses and Contact Lens

Payment is due at the time of order. Eyeglasses cannot be dispensed without full payment. Your portion of contact lens fees is due at the time of order.

Non-Covered Procedures and Services

All Lasik, cosmetic surgeries and custom cataract services must be paid in full two weeks prior to surgery. Surgery patients will also be contacted by the ASC or hospital in advance of surgery to arrange facility payment.

Referrals and Prior Authorizations

If the insurance company requires that your primary care provider "refer" you to our office, we ask your assistance in obtaining the referral prior to service. If you are to have diagnostic testing, injections or a procedure that requires prior authorization from your insurance carrier, we will assist you with that process. Retroactive referrals and authorizations are not normally granted by insurance companies so it is very important to obtain these prior to the service being provided.

Past Due Balances

Accounts that are over 60 days old are considered delinquent. Interest of 1.75% per month will be charged. Checks returned for insufficient funds, closed accounts or other problems may be subject to a \$35.00 service charge. Past Due Balances will be due prior to service unless arrangements are made with the Accounts Receivable office.

I have read and received a copy of the Payment Policy for Eye Health Northwest. I accept these responsibilities for my care or for the minor named below.

PRINT YOUR NAME

DATE

PATIENT SIGNATURE OR GUARDIAN IF PATIENT IS A MINOR
(RELATIONSHIP TO PATIENT IF GUARDIAN)

TIME