



Eye Health Northwest Payment Policy

Patient Responsibility

Patients are responsible for all charges resulting from treatment provided by Eye Health Northwest Physicians. As a courtesy to you, we bill most insurance carriers directly. However, primary responsibility for the account is yours. Payment is due within 30 days of the first billing unless other financial arrangements are made. Established patients with a delinquent balance will be asked for payment at the time of service. All co-payments, co-insurance, deductibles and non-covered services are due at the time of service. This includes glasses and contact lenses not covered by your insurance carrier. **MINORS:** The undersigned will agree to be responsible for payment of balances for service rendered to minors.

Payment Terms

- Not all insurance carriers cover the refraction portion of your vision exam. In this case, you may be responsible for this charge.
- All Refractive and cosmetic surgeries must be paid in full one week prior to surgery.
- A \$10.00 handling fee is added to co-pays not paid at the time of service.
- If payment is not received within 60 days from your insurance company, Eye Health Northwest will require payment from you. Payments received from your insurance company after you have paid will be promptly refunded to you.
- Established patients who are unable to pay in full at time of service may be eligible for a payment plan. Please contact our Accounts Receivable department to arrange a plan. Payment plans will not be extended to patients who have failed to make timely payments in the past.
- All new patients are required to pay for services in full or insurance listed co-pays the day of the appointment. **PLEASE NOTE:** A new patient is defined as one who has not received professional services from the physician or another physician of the same specialty who belongs to the same group practice within the last three years.
- Accounts that are 60 days old are considered delinquent. A finance charge of \$3.00 per month or interest of 1-1/2% per month (whichever is greater) will be added to cover the cost of additional handling.
- Checks returned for insufficient funds, closed accounts or other problems are subject to a \$25.00 service fee.
- Accounts subject to collection activity may be charged a \$25.00 handling fee.

Insurance Billing

Providing correct insurance billing information is the responsibility of the patient. If your insurance changes, please present your new card. Notification of any changes of your primary care physician is also required. If complete billing information is not provided, the services will be billed directly to you.

- **Medicare** – We accept assignment on Medicare. If you have a secondary insurance, please provide that information and we will bill for you.
- **Oregon Health Plan** – Please bring your current medical card with you to each appointment. If your plan requires a referral, you are responsible for contacting your primary care physician to obtain one.
- **Worker’s Compensation** – In order to file a Worker’s Compensation claim, you will need the name of your insurance carrier, the date of your injury and claim number, if available. Be sure to notify the registration desk at each appointment if your visit is due to an injury covered by Worker’s Compensation.

Referrals

It is your responsibility to obtain a referral or prior authorization if your medical coverage requires either.

- A phone will be provided for your call. Please get the name of the person who authorizes your visit.
- Authorizations can be difficult to obtain, especially after hours. Please be aware that if you choose to be seen before your have received valid authorization, your insurance will probably not reimburse you for today’s visit. For this reason we must ask that you either wait to discuss the situation with your PCP or pay in full.
- If the referral cannot be authorized, you will be required to sign a waiver form.

Medicare does not pay for the refractive portion of your exam. Patient will be responsible for these charges. Some commercial insurance carriers do not cover the refractive portion of your exam. Patient will be responsible for these charges.

I have read and received a copy of the Payment Policy for Eye Health Northwest. I accept this policy for my treatment with Eye Health Northwest.

PRINT YOUR NAME

DATE

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