

Eye Health Northwest Payment Policy

Patient Responsibility

EyeHealth Northwest participates with most insurance plans. Co-payments, deductibles and non-covered services are due at the time of service. The patient service team can provide you with a Cost Estimate at the time of check-in and will request payment due.

For patients without insurance a deposit will be requested at the time of service. The deposit is \$180 for new patients and \$150 for established patients. Any remaining balance will be billed. EyeHealth Northwest has a discounted fee schedule for patients paying at the time of service and who have no insurance.

Medical Eye Exam or Routine Eye Exam?

Eye exams can be covered under medical insurance or separate vision plans. Your insurance company determines how the exam is covered when you have both medical and vision coverage. This determination is based on the reason for your visit and the diagnosis your doctor determines.

Your medical benefit is billed when you are here for medical care or a medical condition is discovered during your exam.

- Diagnosed ocular disease such as glaucoma, cataract or retinal disease
- Existing conditions such as diabetes, corneal disease, dry eye syndrome, strabismus, or autoimmune disease
- Infections or injuries
- Testing for visual fields, OCTs and photography
- Laser treatments

Your routine vision benefit is billed when you are here for a general screening for eye disease and a refraction to update your eyeglass and contact lens prescriptions. A refraction is the measurement done to prescribe glasses and/or contact lens. Should a medical condition be discovered during your routine vision exam you may be scheduled for another appointment for further medical evaluation.

Refraction Fee

The measurement that determines your prescription, the refraction, is considered routine by Medicare and certain other medical insurances. In these cases, a refraction fee of \$55 will be collected on the day of service.

Eye Glasses and Contact Lens

Payment is due at the time of order. Your portion of contact lens fees is due at the time of service.

Non-Covered Procedures and Services

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

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 been offered a copy of the Payment Policy for EyeHealth Northwest and have received a copy of the Notice of Privacy Practices. I assume responsibility for any fees not covered by insurance for my care or for the minor named below.

PATIENT NAME:	DOB:	DATE:		
PATIENT/GUARDIAN/REPRESENTATIVE NAME AND RELATIONSHIP IN CHART				
Patient/Guarantor or Representative Si	gnature	 D	 ate	

Ways to Pay Your Bill

- Online Bill Pay https://mypay.poscorp.com/EyeHealthNorthwest
- Via Phone 503-344-5115
- Via charge card on file (required for payment plans) Ask to speak to a patient accounts representative.