

Patient Account Number: \_\_\_\_\_ **Financial Policy**

VPOS will bill most insurance carriers for you when the proper paperwork is provided to us. Since your agreement with your insurance carrier is a private one, VPOS does not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, VPOS fees are due and payable in full. I hereby authorize payment directly to VPOS for medical services rendered. As the responsible party, I authorize the release of any medical records needed to obtain payment from my insurance company. I understand that as the responsible party, I will be responsible for the following (you must initial or check each of these items in order to be seen in clinic):

\_\_\_\_\_ Any balance outstanding regardless of insurance coverage

\_\_\_\_\_ Any co-payment and/or deductible that is due at the time of service

\_\_\_\_\_ To make this office aware of any insurance coverage change prior to my appointment to ensure the insurance carrier you selected is the one which VPOS physicians are providers

\_\_\_\_\_ To obtain an insurance referral if required prior to my appointment-I will pay at the time of service in full in the event a referral is not on file for the scheduled visit

\_\_\_\_\_ If any account is delinquent it will be turned over to a collection agency. I will be responsible for all costs of collection, including but not limited to collection fees or attorney fees plus court cost. (33.3%)

\_\_\_\_\_ "REFRACTION"-the determination of the best corrective lenses to be prescribed, or a change in your glasses prescription (CPT Code 92015) is a separate charge in addition to an eye exam. Most insurance companies consider this a "non-covered" or not "medically necessary" service. Therefore, the refraction is \$50 and is to be paid in full at the time of the service is rendered. I understand that I am financially responsible for all services denied by my insurance for these reasons.

\_\_\_\_\_ "ROUTINE" performed as part of a regular procedure (CPT Code 92004 & 92014; diagnosis codes H52.10 myopia, H52.229 regular astigmatism, H52.219 irregular astigmatism, H52.31 anisometropia, H52.4 presbyopia, H52.00 hypermetropia, rather than for a special reason. Most insurance companies do not cover 'routine' changes at VPOS since VPOS is considered a specialist. VPOS is currently in network with most Blue View/Eye Med vision plans, however you should check with your insurance carrier to determine if we are in network. Patients with VSP and Davis Vision plans would be responsible for the cost of the exam (\$125) on the day of service. I understand that I am financially responsible for all services denied by my insurance carrier for these reasons.

\_\_\_\_\_ Other materials, such as occluders or prisms, may be recommended and/or necessary as part of your treatment here at VPOS. Most insurance carriers consider these materials as "non-covered" or "not medically necessary". Therefore, payment for these materials is due in full at the time of service. Occluders are \$25 for a box of 50 and prisms are \$50 for each prism. I understand that I am financially responsible for all services denied by my insurance carrier for these reasons.

\_\_\_\_\_ The return of a check (electronic or paper) issued to VPOS will result in a \$25.00 returned check fee being placed on the patients account on whose behalf the check was presented for each returned check, no matter the reason.

**THE PATIENT IS ULTIMATELY RESPONSIBLE FOR ALL PROFESSIONAL FEES**

I have read, understand and agree to the above financial policy for payment of professional fees.

Signature of Responsible Party:

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

