

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. VPOS will keep a card on file to make payments towards this balance if not paid after another 30 days of notice to the responsible party. 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:

Card on File:

We require a credit card, debit card, or HSA card to be kept on file for any deductible/_ co-payment, coinsurance or patient responsible balance OR place a deposit on your account for an estimated patient responsibility payment of services at each appointment. The \$30 minimum deposit is required on all visits excluding pre-ops, post-ops, ROP, or contact fittings.

- Providing all active medical insurance(s); if I don't I know **I am responsible for any billing incurred as a result of my negligence for these reasons.**
- Any balance outstanding regardless of insurance coverage being charged to the card on file for a minimum of \$50 per month until no patient responsible balance remains.
- Any co-payment an/or deductible that is due at time of service.
- To make this office aware of any insurance coverage changes **PRIOR** to my appointment.
- To obtain an insurance referral if my insurance requires it prior to my appointment – I will pay at the time of appointment in full in the event a referral is not on file for the scheduled visit or reschedule.
- If any account is delinquent, it will be turned over to a collection agency. I will be responsible for all costs of collections, including but not limited to collection fees, attorney fees, court fees, and administrative costs.
- **“Routine”** performed as part of a regular procedure (**diagnosis codes H52.0 myopia, H52.229 regular astigmatism, H52.219 irregular astigmatism, H52.31 anisometropia, H52.4 presbyopia, H52.00 hypermetropia**) rather than for special or medical reason may not be covered by your medical insurance since **VPOS is a specialist office. I understand that I am responsible for all services denied by my insurance for these reasons.**
- **“Refraction”** is 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 examination. Most insurance companies consider this a “non-covered” or “not medically necessary” service. Therefore, the refraction will be paid for at the time of service in the amount of \$50.00. If insurance pays, I will be refunded this amount. **I understand that I am responsible for all services denied by my insurance for these reasons.**
- Other materials, such as occluders, prisms, or eye masks, may be recommended and or necessary as a part of your treatment here at VPOS. However, most insurance companies consider this a “non-covered” or “not medically necessary” service, therefore, payment for these materials is due in full at the time of service.
- If a patient has a responsible balance remaining after 3 months without payments being made towards the balance, VPOS will establish a 6-month payment plan and charge the card on file. This will avoid the patient’s account being sent to a collections agency.
- The return of a check (electronic or paper) issued to VPOS will result in a \$50 returned check fee being placed on the patient's account on whose behalf the check was written for each check returned, no matter the reason.
- I am responsible for the signed attendance agreement and will be charged a \$50 fee to the card on file for any “no show” or less than 24 hour in advance reschedule/cancel.

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.

Guarantor/Responsible Party

Date