

# Highlands Ranch Vision Center, P.C.

## FINANCIAL AGREEMENT AND OFFICE POLICY

Thank you for choosing Highlands Ranch Vision Center, P.C. as your eye care provider. Our practice is committed to providing the best treatment for our patients. In order to do so, the following is a statement of our financial agreement and office policy, which we require you to read and sign prior to any treatment.

### Insurance

All patients must supply us with insurance information, if applicable, before seeing the doctor.

- CO-PAYMENTS AND/OR CO-INSURANCE CHARGES ARE DUE AT THE TIME OF SERVICE
- We accept cash, checks, Visa, Mastercard and Discover

We will bill your insurance company if we are an in-network provider with your carrier. You are responsible for any amount not covered by your insurance. We can bill your insurance and provide accurate insurance coverage only if we are provided with current and accurate insurance information. Your insurance policy is a contract between you, your employer and your insurance company. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary under your insurance program.

We will submit insurance claims once. If the claim is denied, it will be your responsibility to pay any remaining balance and resubmit the insurance claim yourself.

If you are not using insurance to cover your examination, all exam fees are due at the time of service.

A monthly rebilling charge of 2% will be assessed on all accounts with balances 60 days or older.

Past due accounts held for 90 days are subject to third party action.

### Medical Exams and Insurance Claims

Only routine eye care may be covered by vision insurance.

All other medically necessary examinations (i.e., eye infection) should be covered under your medical insurance. It will be necessary to supply our office with the appropriate information in order for us to submit any medical claims.

Please verify our participation with your insurance carrier prior to the examination.

### Appointments

Any patient arriving fifteen minutes late for their scheduled appointment may be asked to reschedule their appointment. If you are running late or are unable to make your appointment, please contact our office immediately.

There may be a charge for a missed office appointment. To avoid any charges, please give our office 24 hours notice when rescheduling or canceling appointments.

### Material Fees

All materials (spectacles, contact lenses, etc.) will require a minimum 50% deposit to be ordered and must be paid in full prior to being dispensed. Some insurance companies require that you pay for materials in full before ordering.

### Minor Patients

The adult accompanying a minor and the parents or guardians are responsible for all fees or the co-payment and/or co-insurance charges at the time of rendered service. Please make the necessary arrangements for payment if a child is to be examined without a responsible adult present. For unaccompanied minors, non-emergency treatment, other than routine eye examinations (i.e.-new contact lens fittings) will be denied unless charges have been pre-authorized.

I have read the Highlands Ranch Vision Center, P.C. Financial Agreement and Office Policy. I understand and agree to this Office Policy. I agree to allow information regarding my eye examination to be released to my insurance company for claims processing.

---

Patient Name (print)

---

Date of Birth

---

Signature of Patient or Responsible Party

---

Date