



Financial Policy and Disclosure Statement

Patient Legal Name: _____ **Date of Birth:** _____

PATIENT RESPONSIBILITIES

- The person identified as the guarantor of the account is responsible for payment of charges. This person is identified on the patient information form, and can be updated at any time.
- Minors: The parent or guardian who first brings the minor patient into our office will determine the financially responsible party for the minor’s medical expenses. The party identified is required to pay regardless of the provisions of a divorce decree or custody arrangements and regardless of the child’s relationship to the insurance subscriber.
- It is the patient’s responsibility to inform our office of all insurance plans and provide accurate information. Our office will bill claims to the insurances we are contracted with on behalf of our patients. If we do not participate in the patient’s plan, then payment in full is required at the time of service. However, the patient/guarantor can file a claim himself/herself. A copy of the procedure and diagnostic codes can be requested at check-out. This can assist in filing insurance claims.
- Charges that are not covered by insurance and co-payments are collected at the time of service.
- Please be aware that payment from insurance cannot be guaranteed, and sometimes benefits are not determined until your claim is processed.
- The guarantor will be sent a statement for all balances not covered or adjusted off by insurance.
- It is the responsibility of the patient/guarantor to know what services his/her insurance covers. For example, you will be responsible for any charges if any of the following apply: (i) your health plan requires prior authorization or referral by a primary care physician, and you have not obtained such an authorization or referral; (ii) you receive services in excess of such authorization or referral; (iii) your health plan determines that services received are not medically necessary and/or not covered by your health plan; (iv) your health coverage has lapsed or expired at the time of service or; (v) you have chosen not to use your health insurance coverage. If we do not participate in the patient’s plan, then payment in full is required at the time of service.
- The patient/guarantor has the option NOT to use insurance and if they do so, they must fill out the “Notice of Exclusion from Health Plan Benefits” form and must pay in full at the time of service.
- Our billing department is available to assist if there are questions, and can be reached at (530) 433-5050.

MEDICAL VS VISION INSURANCE

- Insurance plans differentiate between “medical” and “vision” coverage. Most medical insurance plans, including Medicare, do not pay for routine “vision” services such as refractions and contact lens fittings. Most vision plans do not pay for “medical” services, such as diagnostic tests and procedures.
- While some medical problems are obvious, when you do have an eye problem, it may be almost impossible for you to know if it is a “vision” or “medical” problem. The reason for the visit and the doctor’s findings will help us determine which insurance(s) to bill.

OVERDUE BALANCES

- If the patient/guarantor has a balance due, he or she will be expected to make a payment toward that balance before being seen by our providers on subsequent office visits. • Patients will be sent a statement until all balances are paid.

By signing below, I have read and understood the financial policies of Feather River Eye Care and also understand that the practice reserves the right to change any and all fees at any time without notice. I authorize and request that insurance and all other pertinent benefits be made directly to the practice on my behalf for all services furnished to me by any physicians employed by the practice. I authorize the release of any medical information about me necessary to determine benefits for related services.

Signature of Patient/Parent/Guardian/Conservator

Date

Reason patient is unable to sign