

Issaquah Vision Explanation of Insurance and Financial Policy

Issaquah Vision treats patients for a wide variety of eye care concerns. Your visit with us may be a **vision exam**, a **medical eye exam**, or a **telehealth exam**.

Vision insurance is used when you are here for *routine care* and may include a glasses prescription or contact lens prescription at the end of your exam. This type of visit is billed to your vision insurance.

Medical insurance is used when you are here for a medical eye concern or if you receive medical advice from the doctor over the phone during a telehealth exam. Some examples of medical visits include care for diabetes, glaucoma, cataracts, dry eyes, or red eyes. This type of visit is billed to your medical insurance.

Note: Medical insurance does not cover a refraction (the testing used to determine your glasses prescription).

If medical concerns are discovered during a routine vision exam, the doctor will order additional testing necessary for proper diagnosis and management of your condition. These tests are billed to your **medical insurance** and are subject to your medical co-pay and/or deductible, as well as co-insurance. Examples of advanced tests that are billed to medical insurance include OCT, Visual Field, and Photos. Your insurance may consider a particular test to be a non-covered service.

Please ask us if you have questions regarding billing for vision, medical, or telehealth visits.

Payment is expected at the time services are rendered, including portions not covered by insurance. Most insurance policies pay only a portion of your total charges. We do not guarantee the accuracy of benefit information given to us by insurance companies. ***Please understand that financial responsibility for your account is yours, not your insurance company's.*** We offer a reduction in fees for exams and medical visits for non-insured patients.

Any invoice not paid within thirty (30) days of such billing is subject to a **\$2.50** monthly charge. **Initial** _____

CANCELLATION / MISSED APPOINTMENT FEE:

We require a 24-hour notice to cancel or change an appointment. If you miss, cancel with in 24 hours or are 15 minutes late to an appointment, your account will be charged a **\$100.00** cancellation fee. **Initial** _____

I authorize release of any medical or other information necessary to process insurance claims. I authorize payments of medical benefits to Issaquah Vision for services and supplies rendered.

PATIENT NAME:

(PLEASE PRINT)

DATE

PATIENT OR LEGALLY AUTHORIZED INDIVIDUAL SIGNATURE

PRINTED NAME IF SIGNED ON BEHALF OF THE PATIENT

RELATIONSHIP