

## **Financial Policy**



13695 Colorado Blvd., Thornton, CO 80602  
Phone: (303) 450-2020 | Fax: (303) 920-1440

### **Payment**

Full payment is due at the time of service. We accept cash, personal checks, debit cards, Visa, MasterCard, Discover, or American Express. We also accept medical Flex account, HSA payments, and Care Credit.

### **Eye Care Services**

Our office provides a full scope of eye care services including vision care (i.e. annual comprehensive eye and vision examinations, glasses, and contact lenses) as well as medical eye care services (treatment of eye infections, dry eye, glaucoma, diabetic eye disease, ocular allergies, cataracts, and emergency medical eye care). Payments for all services rendered by this office are the responsibility of the patient. Regardless of the amount or type of insurance you or your employer has purchased, each patient assumes full responsibility of all fees incurred. You are responsible for all charges not paid by your insurance carrier or vision plan. Depending on the nature of your visit, we may be able to bill your vision plan or your medical insurance. Please present all of your insurance information to reception upon arrival.

### **Vision Care Plans**

We contract with and accept VSP, EyeMed, Human Vision, Superior, Davis Vision, and Met Life Vision. Vision plans generally pay towards your annual comprehensive eye and vision examinations and often provide a material benefit for either contact lenses or eyeglasses.

### **Medical Eye Care**

We are contracted with Anthem BCBS, UHC, Cigna, Aetna, Medicaid, Medicare, and Triwest. Your medical insurance may be able to be billed for certain eye conditions and procedures that your insurance company deems medically necessary and has included in your policy. You will be given a Patient History form, or a technician will go over this information with you in the exam room. Even with this information, it is impossible for our office to determine with any certainty what, if any, charge will be covered by your insurance company. What your insurance company deems medically necessary has no bearing on the quality of care we provide. Our services are aimed at providing you with the best eye care possible, regardless of what insurance you may or may not have.

### **Patients with HMO Insurance**

We do not contract with any HMO's for medical eye care. If you are an HMO member, you should assume that our office is not able to bill your HMO for medical eye care and that payment for services will be due on the day of your visit. If you are an HMO insured patient, you may elect to see us and pay for our services directly or see your HMO primary care physician for a referral to an in-network provider for care.

### **Patient's Responsibility**

The patient is responsible for any remaining account balance resulting from insurance non-payment or underpayment. A statement will be mailed to you regarding this balance. Payment is due upon receipt.

### **Materials**

If, after 90 days, the order has not been picked up and any balance has not been paid, you will receive a message that the order will be cancelled. Any amount that has been paid will be forfeited if that order is not picked up within 15 days. All prescription optical materials are customized and fabricated specifically for each individual patient. Fees for these materials are non-refundable and once ordered, become the financial responsibility of the patient.

**Returned Checks**

We reserve the right to charge interest and/or late fees on past due balances. There will be a \$39.00 service charge for any returned checks. Cash, money order, or a credit card will then be required for payment.

**Collections Policy**

- 30 days – Invoice mailed and due upon receipt
- 60 days – Second invoice mailed, \$25.00 late fee assessed
- 90 days – Account overdue
- 120 days – Overdue amount sent to collections (see below)

**Collections Service Information**

Recovery Ace, Inc.  
9250 East Costilla Ave.  
Greenwood Village, CO 80112  
(720) 370-8746

**Online Payment**

We accept payment in person, by mail, over the phone, or via our website:  
<https://vistaeyecareco.com/pay-your-bill-online/>

**Professional Services**

There is no refund for any professional services rendered.

**Unspecific Fees**

We reserve the right to charge for shipping fees, contact lens re-make fees as needed to cover our costs on specialty product orders.

**Missed Appointments**

At Vista Eye Care, we pride ourselves in providing our patients with efficient, effective eye care. In order to provide our exceptional level of care for all of our patients, we have created a No Show Policy that applies to all patients who schedule appointments with us. Prior to your appointment, we will provide you with an email reminder, phone call reminder, and text message reminder. We understand that an unforeseen emergency, or changes in your schedule may occur, and we ask that you give us a 24-hour notice if you are unable to make it to your scheduled appointment in order to avoid a \$25.00 cancellation fee.

**Financial Policy Agreement**

By signing my Welcome Form, I request payment of authorized medical insurance benefits be made either by myself, or on my behalf for any services furnished me by the staff and doctors affiliated with Vista Eye Care or to any party which accepts assignment. I understand that I am responsible for any procedures not covered by my insurance company for any reason. I understand that I am responsible for any co-payments, co-insurance, deductibles, and / or contact lens fittings. I authorize the release of any medical information to the authorize third party necessary to process claims for services rendered. I acknowledge that all information in my medical records is confidential and will be handled only by associated of Vista Eye Care. I understand that all processional fees are non-refundable.