



Payment Policy

Thank you for choosing Innovations in EyeCare as your eye care provider. We are committed to providing you with the highest-quality and most affordable vision care possible. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance: We participate in most insurance plans, including Medicare and DSHS. However, with so many different companies, and with each offering a variety of plans, it is difficult to know all of the allowed fees without contacting the insurance companies first. We recommend that you review your benefits with your company's representative prior to examination, and that you have your information ready when visiting us. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments and Deductibles: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Proof of Insurance: All patients must complete our patient information form before seeing the doctor. We must obtain a copy of your driver's license and current, valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

Claims Submission: We will submit your claims and assist you in any way we reasonably can to get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party in that contract.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 60 days, the balance may be billed to your credit card.

Nonpayment: If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to Dynamic Collectors, Inc., and you may be discharged from this practice.

No Show Policy

We request that you give us *24 hours notice* when cancelling or rescheduling an appointment. *1st and 2nd no show:* We will call you to let you know that you missed your appointment and kindly ask you to reschedule. *3rd no show:* You will be on an "on call" basis only; you can call the morning of a day you know you will be available and we will see if there is an appointment available for that day.

(Please keep this copy for your records.)