



Welcome to Optometric Physicians Northwest, where we strive to give you a positive, friendly, educational, and seamless experience. We don't want you to have any surprises in your care and we understand that insurance can be confusing. In an effort to clarify specifics, we offer the following information:

A. FINANCIAL POLICIES

- 1) **MEDICAL AND VISION CARDS:** Bring your vision and medical insurance cards to every visit for verification. Vision versus medical is covered on the last page and as this can be the greatest source of confusion, we do urge you to read the last page in its entirety to fully explain this topic.
- 2) **COPAYS:** Copayments are due at time of service as contracted with your insurance company. We try our best to determine the amount of your copayment before your appointment. It is, however, ultimately your responsibility per your insurance. Copays vary and may be more or less with medical insurances versus vision plans. We are bound by the insurance policies to bill the copay that applies to the visit (e.g. if visit is medical, then medical insurance copays are applied)
- 3) **REFRACTIONS:** Refractions, or the test commonly known for determining a glasses prescription, is not covered through medical insurance plans or Medicare. Refraction will be done by the doctor at every full exam regardless of a desire for new glasses, as it serves a medical value and is necessary for the doctor. This service is considered the patient's responsibility by your insurance company and will be due at the time of service. A refraction fee is \$75.00.
- 4) **REMAINING BALANCES:** Full payment for the portion for your services and/or materials not covered by your insurance company is due at time of service.
- 5) **DISCOUNTS:** We offer a 20% administrative time of service discount at time of service for comprehensive or medical exams in which we are **not** billing insurance. We also extend this discount to you if time of service payment is made when you submit the claim for reimbursement to your insurance company.
- 6) **INSURANCE DEDUCTIBLES:** Please keep in mind that your contracted insurance plan has an assigned deductible. When medical services are billed, your medical insurance carrier may apply these to your deductible. The remaining amount will be owed by the patient.

B. DELINQUENT ACCOUNTS

We don't like to see this unfortunate event and try to minimize the chance of accounts becoming delinquent by collecting same day payments and having statements paid in a timely manner. However, when an account is delinquent, this is how it is handled. We charge 1.5% interest after 45 days. We also refer delinquent past due accounts to an outside collection agency. An account that is referred to a collection agency will result in termination of eye care services from our office. We will be available for 30 days after the account is transferred to the collection agency for emergency care only thus giving the patient time to find other eye care services.

C. MISSED APPOINTMENTS

Your eye care appointment is your reservation so we can take care of you individually. We allow time slots that give our patients personalized service and time with their doctor and our eye care team. Therefore, we rely on you to keep your reserved appointment time and require at least 24 hours' notice to change any appointment. A \$50.00 fee will be charged for any missed appointments. We understand that emergencies do arise and so we do allow a one-time grace—that is we will forgive the \$50 missed appointment fee if you reschedule and arrive for a future appointment.

D. HELPING YOU UNDERSTAND YOUR CONTACT LENS SERVICES.

What are contact lens professional fees for?

Our goal is to maintain an exceptional contact lens experience. As a contact lens wearer, additional tests are done for you that are necessary to make sure that your eyes are healthy, that your lenses fit properly, that you are seeing as well as possible and to ensure your contact lens wearing sustainability. Contact lens professional fees are for the extra testing and time taken by the staff and

doctor each year to properly evaluate your contact lenses. These are done annually.

Isn't this part of my annual eye exam?

These contact lens-related tests are done in addition to the eye examination. They are procedures that only need to be done for contact lens wearers, not for patients who don't wear contact lenses. Contact lens evaluations and fittings are done annually for contact lens wearers.

How much does it cost?

Depending on the type of lenses and the complexity of the fit, fees can vary from \$85-\$150 annually. Specialty contact lens fees are determined by the doctors and are evaluated on an individual basis.

Doesn't my insurance cover contact lens professional fees?

It depends on your plan's coverage. Most insurance plans cover a routine eye exam which determines your glasses prescription and screens your eye for disease. Contact lens services are separate procedures that often are partially covered by insurance.

F. NEW TECHNOLOGY

- a. Our doctors highly recommend for you to take advantage of our office's new technology called the Optos Screener. It takes an elite bigger, broader image of the eye compared to dilation and is used to evaluate the health of your eye as well as making your appointment faster. This is billed to you at \$40.00, and would be collected at the end of the appointment

F. HELPING YOU UNDERSTAND YOUR VISION AND MEDICAL INSURANCE-Please read as this can be a confusing topic

There are two types of health insurance that will help pay for your eye care services and products. You may have both and our practice accepts both. Despite not having a vision plan or vision coverage on your medical plan, you may be still treated and have medical coverage if the purpose for the visit is a medical reason determined by the doctor like a red, itchy, dry or irritated eye, or glaucoma, cataracts, diabetes, or macular degeneration etc.

1. Vision care plans (like VSP & NBN)
 - a. Vision care plans only cover **routine** vision exams along with eyeglasses and contact lenses. **Vision plans only cover a basic screening for eye disease. They do not cover diagnosis, management or treatment of eye diseases.** This includes diabetes, cataracts, macular degeneration, dry eyes, red eyes, foreign body removal, binocular vision specialty/sensorimotor exams and second opinions. If medical conditions are discovered at the routine eye exam, our office will bill your medical insurance for any management of these conditions. This is not unique to our office and is standard to eye care.
2. Medical Insurance (such as Blue Cross/Blue Shield, Regence and Medicare)
 - a. Medical insurance must be used if you have any eye health problem or systemic health problem that has ocular complications. The purpose of your visit (such as a diabetic eye check) or your case history if medical symptoms are present will govern us to use your medical insurance for the visit, consistent with medical billing standards and office policy.
 - b. If you have both types of insurance plans it may be necessary for us to bill some services to one plan and the other services to the other. We will attempt to use coordination of benefits to do this properly and minimize your out-of-pocket expense.
 - c. We will bill your insurance plan for services if we are a participating provider for that plan, and are required to collect copays that apply to your specific plan. This is determined by your insurance company. We will try to obtain advanced authorization of your insurance benefits so we can tell you what is covered. If some fees are not paid by your plan, you will receive a bill for any unpaid deductibles, co-pays or non-covered services as allowed by the insurance contract. This may take up to a few months for your insurance company to process the claims.

- d. Most medical insurance plans may cover a large portion of the medical exam but **do not cover refractions**; this includes Medicare and all other medical insurances. We will bill the exam to your insurance and the refraction is to be paid at time of service. Office copays vary and may be more or less for medical insurances. We are bound by the insurance policies to bill the copay that applies to the visit (e.g. if visit is medical, then medical insurance copays are applied)

3. **What happens if we are not providers for your vision plan?**

- a. We are a Specialist Optometry office, and what helps set us apart from other clinics is that our doctors are focused on preventive care and eye health. We do a two part exam to insure that your eye health is addressed and well and making sure you get the appropriate prescription for glasses or contacts. Our doctors want to make sure that if there are any medical concerns found, that they are addressed and treated appropriately. If we are preferred providers for your medical insurance that means that we will bill them for the medical portion of the exam. Upon arrival you will be asked to pay the vision portion of the exam called the refraction and your specialist copay. Since this is the portion where you get your glasses prescription, we are unable to bill this to your medical insurance and that is why we collect for this service at check in.

Thank you for your patience and for working with us as we try to help you understand your insurance plans.

I have read and agree with these policies:

Patient signature (parent if child)

Date

Please provide your insurance cards to our staff member.