

# Happy Valley Vision Source Payment Policy

Please bring your insurance card and identification with you to each visit. We highly recommend you also contact your insurance carrier and check into your coverage for services.

- As a courtesy, our office will verify your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Our office will bill your insurance based on the benefit quote we have on hand. Your claim will process according to your plan and you may receive a bill from us once we receive final payment from your insurance. Your understanding and prompt payment of these bills is much appreciated.
- All copayments and non-covered services are due at the time of service. For self-pay patients, we have a discounted fee schedule for vision exams if paid on the date of service. No insurance claims will be filed for discounted services.
- Professional fees (exams, refractions, contact lens evaluations, or any services performed by the doctor) are not refundable.
- Accounts that are over 90 days old are considered delinquent and will be subject to a late fee penalty of \$25. If your account is overdue, you will be responsible for any collection fees and costs. Checks returned for insufficient funds, closed account, or other problems may be subject to a \$35 service charge. Past due balance(s) will be due prior to service unless arrangements are made in advance with the billing department.
- Medicare and certain other medical insurances consider obtaining eyeglasses to be routine vision care and not a covered medical benefit. Therefore, the portion of your exam that determines your prescription, the *refraction*, is also considered routine and is a non-covered service. In these cases, refraction fees will be collected at the time of service.
- Referrals may be necessary per your insurance if you are seeing one of our doctors for medical reasons. Medical reasons may include, but are not limited to: diabetes, dry eyes, glaucoma, floaters/flushes of light, cataracts, macular degeneration, and painful eye. If you require a referral, please contact your primary care provider two (2) weeks before your appointment (unless it is an emergency) to request one. If a referral is not obtained, you will be responsible for any charges. A referral is not a guarantee of payment by your insurance.
- Our office cannot release any patient information without the consent of that patient. If you would like the office to release any patient information (including billing information) to another provider or person, please ask the front desk for a Records Release form. **If a patient is 18 or over and would like a parent or other family member to have access to their records and/or billing information, please ask the front desk for a Release of Information form.**
- We request that you keep scheduled appointments and arrive at the appointment time. If you are unable to keep your appointment for routine vision or most medical appointments, please give at least a 24-hour notice. Same day cancellations or a no show to the appointment will result in a **\$35 fee per patient**. If you are scheduled for specialty testing, the same day cancellation or a no show to the appointment will result in a **\$50 fee per patient**.

**I have read, understood, and agree to the payment policy listed above. I accept these responsibilities for my care or for the minor below.**

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PRINTED NAME

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DATE

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PATIENT SIGNATURE OR GUARDIAN IF PATIENT IS A MINOR