

FINANCIAL POLICY

Thank you for choosing Oregon Eye Specialists to serve your eye care needs! We aim to deliver the best and most comprehensive care available. We also strive to create convenient ways to manage the cost of your care by offering several payment options. We accept checks, Visa, MasterCard, Discover, American Express, and Care Credit.

You are responsible for providing accurate and current information about any health or vision insurance that you carry. It is your responsibility to understand your insurance benefits (what your insurance plan will cover and pay for). **You are also responsible for paying for co-payments, deductibles, co-insurance, and any charges that are not covered by your insurance.** Payment for products and services will be collected at the time of your appointment.

Initials _____

Minors receiving products or services must be accompanied by a parent or guardian. The parent or guardian will be responsible for payment at the time of the appointment.

Initials _____

Benefit verification is performed as a courtesy to our patients. Benefits quoted are not a guarantee of insurance payment. **In the event that your insurance does not pay for a product or services as quoted, you will be financially responsible for any remaining balance.**

Initials _____

Some insurance carriers will not cover services unless a referral from the primary care physician is in place. Please contact your insurance company to determine if a referral is necessary, and in the event that one is, please request a referral from your primary care physician prior to your appointment. If a referral is required by your insurance plan, but one is not in place at the time of your appointment, your appointment may need to be rescheduled to another day, or you will be responsible for payment in full for any products or services.

Initials _____

Payment for products and services is required at the time of your appointment. Accounts with balances will be considered delinquent after 60 days and will incur a rebilling fee of \$15.00. Accounts with balances after 90 days may be turned over to an outside collections agency. Patients whose accounts have been turned over to an outside collections agency may not be eligible for further routine care until the past due balance is paid. A fee of \$25.00 will be applied for transactions returned as a result of insufficient funds.

Initials _____

At Oregon Eye Specialists we understand that unique financial circumstances can occur. If you are unable to pay your bill on time please contact our Patient Accounts department to make payment arrangements (503.244.1232).

Patient Signature: _____ **Date:** _____

ADDITIONAL PATIENT INFORMATION

Oregon Eye Specialists is participating in a program as part of health care reform. The federal government requires that we ask and record the following in your personal health record.

Preferred language: _____

Ethnicity

Hispanic or Latino Not Hispanic or Latino Declined to Specify

Race

American Indian/Alaska Native Asian Black/African American White
 Native Hawaiian or other Pacific Islanders Decline to specify