PRIMARY EYECARE OPTOMETRICS

Gary Osias, O.D.
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PAYMENT AND BILLING POLICIES

PAYMENT OPTIONS

COPAYMENT	Your copayment is required at the time of service. Please note, this is a requirement made by your insurance carrier.
CREDIT CARDS	Visa, MasterCard, and Debit Cards are accepted for all Banks.
PAYMENT PLAN	Our payment plan is based on monthly drafts against your checking account and is available for total charges of $100.^{00}$ or more. You are required to pay one-half of your balance at the time of your first visit. The remaining balance plus a $15.^{00}$ non-refundable service fee will be divided into three equal payments. You sign a "Draft Authorization" form which gives the office permission to submit drafts against your checking account for monthly payments.

PATIENT BILLING STATEMENT:

You will receive a monthly statement showing itemized changes and the total due on your account. Payment is required by due date on the statement.

There will be a $25.^{00}$ fee charged for returned checks. No credit will be extended to patients having a delinquent account or who have been referred to a Collection Agency for payment.

There will be a $25.^{00}$ no-show charge assessed for appointments that are not cancelled within a 24-hour period prior to the appt. date/time.

Responsibility for payment of your account remains with you at all times. Although you may have an insurance claim pending, we may look to you for payment regardless of the circumstances involved.

INSURANCE BILLING PROCEDURES:

PREFERRED PROVIDER PLANS: With certain insurance companies, it is necessary for you to be treated by a Preferred Provider to ensure complete coverage. If the doctor is not on the preferred provider panel, you will be responsible for allowed and non-allowed charges.

MEDICARE: We accept assignment with Medicare and file Medicare claims.

VISION PLANS: We are a participating provider for Vision Service Plan, EyeMed and Medical Eye Services.

MEDICAL PLANS: We are providers for Anthem Blue Cross and Blue Shield.

HMO INSURANCE PLANS: You will be responsible for all charges incurred during your visit.

WORKER'S COMPENSATION: It is your responsibility to inform the registrar that the visit is for a work-related injury. If the claim is DENIED, CLOSED, or if you fail to inform us of the work-related nature of your medical problem, including appropriate claim information, you will be responsible for all charges.

SIGNATURE _____ **DATE** _____/_____/_____

PRINT NAME: _____

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