

# FOCUS *VISION*

## Insurance, Financial and Office Policies

Updated 4/1/18

The doctors and staff of FOCUS *VISION* are happy that you have chosen us to care for your optical needs: We are committed to providing you with the best possible care and service.

We will bill your vision coverage and/or medical coverage carrier as appropriate. FOCUS *VISION* is not responsible for the contract between you and your insurance company, including benefits, eligibility, and primary care referrals. We will make our best effort to give you an accurate estimate regarding benefits, co-pays, co-insurance, and deductibles with the information available to us for the date that services are rendered.

1. **Payment:** Time of service (non-insured or out of network), co-payments, refractions, Optomap, and contact lens fittings not covered by insurance are to be paid in full when services are rendered. This includes services for minors. Payments for service are non-refundable.
2. **Payment:** Re-deposited/bounced checks are subject to a \$20 service fee. This fee must be paid by cash or credit card. Returned checks must be repaid by cash or credit card.
3. **Services:** If, during an examination, a medical diagnosis is found, your exam may no longer be considered routine and may be sent to your primary medical insurance rather than your associated vision plan. All applicable specialist co-pays, deductibles, and co-insurance will apply.
4. **Contact Lens Fitting:** A contact lens fitting is an additional service that requires additional testing and follow-up care by your doctor. It is performed every year per Colorado Optometric Rules and Regulations. Though many insurances recognize this statute, some do not cover the cost.
5. **Materials:** Some insurances cover a fitting and contacts up to a specified dollar amount. All credit must be used within 60 days of the exam. We are unable to give credit for unused allowances after 60 days.
6. **Materials Deposits:** All materials require a minimum deposit of 50% at the time of the order. The remaining balance is due at the time of delivery.
7. **Materials:** We accept unopened boxes of contact lenses purchased from our office on an exchange basis; however, the boxes must be dated greater than 12 months before the expiration date.
8. **Materials:** We will remake new lenses at no cost if an eyeglass prescription must be changed within 60 days of your original prescription. This policy is onetime only.
9. **Materials:** Any patient who fails to adapt within 30 days to their progressive lenses may have their prescription remade into trifocal, lined bifocal, or single vision lenses at no cost.
10. **Materials:** In the case of frame breakage under manufacturer warranty (usually 12 months) for frame defects only, we will replace the original frame or use a frame of equal value. Any shipping charges are the responsibility of the patient and are due at the time of the order.
11. **Materials:** In the case of frame breakage caused by the patient within 12 months of purchase, you may replace your glasses with a 35% discount off of retail pricing. This does not apply to loss, theft, or safety glasses. This may not be combined with other coupons, discounts, or insurance.
12. **Accounts:** Upon remittance from your insurance company, you may receive a bill for any remaining charges. Unpaid balances are due within 30 days and will accumulate finance charges of 18% per annum after 30 days. Accounts with services over 90 days are considered "past due," are referred to collections, and may be subject to 35% of balance collection agency fee or 40% legal fee.

**13. OPTOMAP RETINAL EXAM:** In our continued efforts to bring the most advanced technology to our patients, we are proud to announce the inclusion of the Optomap Retinal Exam as an integral part of your exam today. Our doctors are concerned about retinal problems including macular degeneration, glaucoma, retina holes or detachments, and systemic diseases such as diabetes, stroke, and high blood pressure. These conditions can lead to serious health problems, including partial loss of vision or blindness, and often develop without warning and progress with no symptoms.

An **Optomap Retinal Exam** provides:

- An eye wellness scan
- An in-depth view of the retinal layers (where diseases can start)
- The ability for you to view your Optomap image at the time of your exam
- An annual, permanent record of your medical file, which gives doctors
- Comparisons for tracking and diagnosing potential eye disease

Insurance typically does not cover any advanced screening technology beyond the general exam. Our doctors highly recommend the Optomap Retinal Exam for all patients. This will be done as an enhancement to the general eye exam for a fee of \$39. If you wish to decline this test, please inform our technician.

**14. HIPAA Privacy Policy:** A complete copy of our Privacy Policies is available to you upon request. A brief summary of our policy includes:

- We may use or disclose your health information for treatment, payment or business operations for example: setting up or changing appointments, appointment reminder calls, informing you that your ophthalmic goods are ready for pick up, leaving messages, sending emails or texts, communication with other physician's offices, contacting your insurance company etc.
- You may ask us to restrict our use of your health information in writing to our Privacy Officer.
- You may ask to review, get copies of or amend your health information. Please ask the front desk for the method of how to make these requests.

Please sign below acknowledging that you have read and accept the Insurance, Financial, Privacy and Office Policies.

**Should you require a complete copy of our office's HIPAA Privacy Policy, please request a copy from the front desk. A copy is also available for you on our website.**

I acknowledge that I have had the opportunity to read and/or received a copy of FOCUS VISION's Notice of Privacy Practices. This serves as my signature on file for all insurance and records release purposes.

\_\_\_\_\_  
Patient Signature or Responsible Party

\_\_\_\_\_  
Printed name of the Patient

\_\_\_\_\_  
Date