



**Provo Office:**

1355 N. University Ave. Ste. 100  
(801) 377-4333

**Springville Office:**

374 E. 400 South, Suite 1  
(801)489-5111

[www.TheEyeSight.com](http://www.TheEyeSight.com)

## UNDERSTANDING INSURANCE

Please understand we are desirous to extend care to you and to work with you and any insurance coverage you may have.

1. Professional services are rendered to the patient, and not to the insurance company. The insurance company is responsible to the patient, and the patient is responsible to the doctor. We cannot assume that the charges will be paid for by an insurance company.
2. Insurance benefits may be less than anticipated. Please understand that the amount of benefits under your particular policy is an arrangement between your employer and the insurance company. We are unable to increase or change any of your benefits.
3. For your convenience, we will ESTIMATE the portion of your fee that your insurance company may cover. This is JUST AN ESTIMATE. After insurance benefits, you are responsible for ANY UNPAID BALANCE. At the time of service, we ask that you pay the ESTIMATED uncovered portion of the total fee.
4. In today's healthcare "managed care" systems, insurance companies have various "provider" requirements. We may or may not be a provider for your plan. It is **your responsibility** to determine your particular insurance company's requirements.
5. If we are not providers for your insurance or if you have an out-of-state plan, you may be required to pay at time of services. We will bill your insurance for you so you can be reimbursed for any covered services.
6. A repeat billing charge of \$5 per month or 18% annual interest will be added to your bill if insurance payment has not been received within 60 days. This will allow adequate time for you to see that your insurance benefits have been paid to your satisfaction.

Thank you for your understanding in this matter.