

Our Financial Policy is as follows:

For our private pay patients it is our policy that we collect a deposit of \$125.00 prior to your appointment. We are happy to collect that deposit at any time prior to your appointment or upon your arrival to your appointment. Please be aware if you arrive to your appointment unprepared to pay the deposit of \$125.00 your appointment will be rescheduled. After your appointment we will then discuss any further financial needs and or arrangements prior to check out.

We do accept both Medicare and Medicaid and participate with most insurance companies. Some insurance companies require a referral from your primary care physician; we encourage you to check with your insurance carrier to see if this is applicable to you. Our office accepts the following forms of payment; cash, check, Visa or MasterCard as well as Care Credit. Enclosed you will find a brochure on Care Credit, if you are interested in applying we would be happy to assist you with that process, or you can apply online by going to their website: www.carecredit.com.

Our office does accept Medicare's assignment. However, each patient is responsible for payment of all non-covered costs. Examples of **non-covered** Medicare services would be: **refraction, your annual Medicare deductible and any remaining balance of Medicare allowable fees not covered by a supplemental insurance plan**. It is important to understand that when a participating physician accepts assignment from Medicare, it does not mean that whatever Medicare pays is considered payment in full. Medicare pays 80% of the allowable charge leaving the 20% to the patient or their supplemental insurance plan.

It is our policy to collect any and all co-pays, deductibles and non-covered charges at the time of service. It should be remembered that eye examinations or other certain ophthalmic services are not always covered by every insurance company. Even within the same insurance plan there may be many individual variations. It is your responsibility to know whether or not your insurance plan will cover the services that you receive in our office.

Payment on all accounts is expected within 30 days, after 30 days we do add a finance charge of 1% to your account. To avoid this charge we ask that you contact our office to set up a payment plan. It is our policy that we collect those payments via Electronic Funds Transfer either from a credit or debit card or your bank account.

By signing below, I read and understand the requirement of my first appointment as well as the financial policy of **Central Washington Eye Clinic**.

Patient Signature: _____ **Date:** _____