

Heart Mountain Eyecare Group Financial Protocol

Payment is expected at time of service, which may include the following charges:
(An explanation of these charges is on the back)

- Digital Retinal Imaging
- Refraction
- CL Check
- Co-pays and deductibles are due at the time of service.
- If your insurance is out of network you will be required to pay at the time of service. Upon request we can provide paperwork to submit to your insurance.
- We file claims with most insurance companies provided we have current insurance information, including a copy of the card.
- We will bill your insurance for you twice, after that it will be your responsibility.
- Payment is due in full in order for us to complete your glasses/ contact lens orders. Following 90 days of nonpayment, past due accounts will be turned over to collections.

We are filing your insurance as a courtesy. This does not mean in any way we're guaranteeing benefits for you. It's your responsibility to know your insurance coverage. If your plan carrier does not pay, or partially pays, please understand that you are responsible for payment in for the remaining balance.

In the event that collections services are required for failure to make payment, I agree to pay any collections costs and expenses incurred by Heart Mountain Eyecare Group including but not limited to reasonable attorney fees sustained, whether or not legal actions ensue. All unpaid bills shall accrue interest at a monthly rate of 1.5%

I, _____ hereby acknowledge that I have read, understand, and agree to all of the terms and conditions listed above.

Signature: _____ Date: _____

If you have any questions as to what your copay will be for today's services please ask the front desk.

Digital Retinal Imaging

During your comprehensive exam, we will be performing a “DRI” and other preventative screening measures such as a glaucoma screening and corneal topography. Digital Retinal Imaging is a technology which involves capturing a high – resolution digital image of the interior portion of your eye, the retina. Typically, insurance plans do not cover this fee which is \$39.00. Dr. Toland does feel this is necessary and requires for each exam.

Refraction

The part of your evaluation that determines your prescription is a refraction. Medical insurances that do not include routine vision benefits, such as Medicare, do not cover a refraction. As a courtesy we will send the refraction to Medicare. They will forward it to your supplement. Some supplements will cover part of this charge, but most do not. If they pay it we will refund you. The fee for a refraction is \$45.00.

Contact Lens Check

Contact lenses are considered a medical device and if they don't fit correctly they can cause harm to your eyes. If the doctor asks you to return to check the contact on your eye there will be a \$30.00 charge.