

# Lake Oswego Vision Clinic

## David A. Wolf OD, Inc.

### Financial Policy

The goal of Lake Oswego Vision Clinic is to provide the best possible eye health and vision care with high quality products. In an effort to keep the costs of this care down, Lake Oswego Vision Clinic has established this financial policy. It is your responsibility to pay at the time of service.

We accept cash and checks, as well as Visa, MasterCard, American Express, Discover and debit cards for your convenience. All returned checks are subject to a \$25.00 fee.

If you do not have insurance, Lake Oswego Vision Clinic offers a discount if services are paid in full at the time of service. There is a 20% discount for professional services and a 10% discount on complete pairs of glasses. There is no discount available for contact lens products.

We will gladly bill the primary vision and medical insurance carriers with whom we have a contract as a courtesy to you. **We are unable to bill secondary insurance.** If we are not contracted with your insurance company we will provide you with the information needed to bill your primary and secondary insurance. In order for us to bill your insurance we must be provided with a copy of your insurance card at the time of service showing the member's name, ID and group numbers, as well as the claims billing address. Any information that is not provided on the card is the patient's responsibility. We will not bill your insurance after 30 days from the date of service. If you provide us with incorrect insurance information we will not re-bill after 30 days from the date of service. Because every insurance plan is different, we recommend you contact your insurance company prior to your appointment to verify eligibility and plan coverage. Medical claims may require a referral from your primary care physician (PCP). It is your responsibility to contact your PCP. **Lake Oswego Vision Clinic can not accept responsibility for knowing your insurance coverage, collecting from the insurance company or negotiating settlements on a disputed claim.**

If time allows and we are able to reach your insurance company we would be happy to verify your vision coverage. The covered amounts given over the phone or Internet from your insurance company are an estimate and they may pay a different amount than quoted. Any difference is your responsibility.

You are ultimately responsible for your account regardless of your insurance coverage. Lake Oswego Vision Clinic's total usual and customary fees will be itemized for you, as well as your estimated fees after your insurance company pays. The estimated fees are due at the time of service. Any difference between the estimated amount you pay and the amount the insurance actually pays is also your responsibility. Please remember that insurance coverage is typically a defined benefit and is not intended to cover the cost of examinations or optical products in full.

A billing fee of \$10.00 will be assessed monthly on any amount due after 60 days, regardless of whether or not your insurance has been billed. To avoid these billing fees, you have the option to pay your balance in full and receive a refund check in the amount of the insurance payment after they pay. If you chose to wait for the insurance payment, you will be responsible for the billing fees that have accrued. Lake Oswego Vision Clinic reserves the right to pass any unpaid bills to a third party on any account not paid in full within 180 days.