

## **ProCare Vision Center Insurance and Financial Policies Statement**

Thank you for choosing us as your vision and eye health care provider. The following information is provided to avoid misunderstandings concerning payment for services provided by our office.

1. Our office participates with a variety of insurance plans. Including, but not limited to, Vision Service Plan (VSP), Eyemed, Vision Plus, Medicare, Anthem, Aetna, UHC (medical and vision), Medical Mutual, Optum Health Services, etc.

It is your responsibility to:

\*Bring your current insurance card to every visit and notify us of any changes in coverage.

\*Be prepared to pay your co-pay each visit. Payments can be made by Cash, Check, Debit, Mastercard, Visa, Discover, or some health savings accounts.

We will submit a claim to your insurance company if we are contracted with it. Balances not paid by your primary insurance company will be billed to your secondary payer. If you do not have a secondary payer, then a statement will be sent to you. Ultimately, you are typically responsible for payment of charges.

2. Your Medical vs. Vision Insurance

### **Medical Insurance**

\*Typically billed if you have any eye problems or vision symptoms, or existing eye disease

\*Very seldom pays for eyeglasses or contact lenses

\*If we are a provider for your insurance, you typically pay your office co-pay

\*In some cases, you may have to pay us if your yearly deductible is not met

\*If we are not in your network, you will typically pay us directly and we will give you itemized bills

### **Vision Insurance**

\*Used for eyeglasses and contact lenses in almost every case

\*Your basic vision/eye exam is billed to vision insurance especially if you are not having any medical or possible medical problems

\*Does not cover any medically related visits or tests (medical insurance is used)

**If you have Vision Insurance (VSP, Eyemed, Vision Plus, Spectera, NVA, DavisVision etc.) and during the course of the exam we discover that additional medically-related tests need to be performed to assess symptoms or medical conditions of your eyes, the exam and any additional tests may then be considered medical in nature and not vision-related. Therefore, the exam and tests need to be billed to your medical insurance. That is why we request a copy of your medical insurance card before you are examined.)**

3. You are financially responsible to our office for any applicable co-payments, co-insurances, deductibles, or charges for non-covered services provided to you or to any of your dependents.
4. If you do not have insurance coverage or if you are insured by a company that we are not contracted with, payment in full is expected at time of service unless prior payment arrangements are made and kept.
5. If you are ordering eyeglasses or contact lenses, a minimum 50% deposit is required to start any order. The remaining balance must be paid in full upon delivery of any glasses or contact lenses. For contact lens orders that are shipped directly to you, we require payment in full before any lenses will be ordered.
6. You must pick up eyeglasses or contact lenses within 90 days of placing any order. If these materials are not picked up within the 90-day period, unless prior arrangements are made at the time of the order, the deposit will NOT be refundable.
7. If you receive a statement from us, the balance is due within 30 days. Unpaid balances more than 30 days old may be subject to our collection process.
8. There is a \$30 fee for all returned checks.

By signing below, I certify that I understand ProCare Vision Center's Insurance and Financial Policies.

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Patient's Name

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Patient/Guardian Signature

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Date

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Patient/Guardian Printed Name