

GRESHAM VISION CENTER
SANDY VISION CENTER

Payment Agreement

Gresham/Sandy Vision Centers strive to provide exceptional care and customer service for our patients, including our billing practices. This form outlines our billing practices and policies. As a courtesy, we verify your insurance benefits and eligibility prior to your appointment. Sometimes there will be a discrepancy in the amount we were quoted and what we actually receive. In this case, you will be responsible for the difference. Gresham/Sandy Vision Center recommends that patients verify eligibility and benefits with their insurance company prior to receiving services.

Your deductible and co-payments are due at the time of service. Services not covered by insurance, including deductibles and coinsurances, are also due upon request. It is understood and agreed that I will reimburse Gresham/Sandy Vision Center for the costs of any and all co-payments, co-insurance, deductibles, non-covered services, non-allowed services, excluded services, denials due to pre-existing conditions, denials due to elective services, and any other costs not yet reimbursed in full by my insurance carrier within 30 days of receipt of account statement.

If you do not have insurance coverage, payment is due at the time of service and a discount may be given. If a statement must be sent, no discount will be given. We accept cash, check, Visa/Mastercard, Discover and Care Credit.

We participate in a variety of insurance plans. Gresham/Sandy Vision Center will submit claims to the plans we participate in. If your insurance does not pay as you had expected, please call their customer service center for a detailed explanation as we are unable to guarantee your insurance benefits. Our relationship is with you, the patient, not your insurance company. As a courtesy to you we will bill your primary insurance, if there is a secondary insurance to bill we will provide you with a detailed statement from our office for you to submit to your secondary. It is the patient's responsibility to bill their secondary.

Although we verify benefits and eligibility for routine vision coverage, we don't always verify medical coverage. As a result we may or may not be a contracted provider with your medical insurance carrier. We will verify medical insurance if a medical visit is necessary. If a referral is needed, your assistance may be needed in obtaining that referral from your primary care doctor. If we cannot obtain a referral, you will be responsible for payment. If your medical deductible has not been met, you will also be responsible for payment.

Release of Medical Information

I authorize Gresham/Sandy Vision Center to release any medical information to my insurance carrier that is necessary for the processing of my medical insurance claim.

Assignment of Benefits

I authorize and request that payment of my medical insurance benefits be made on my behalf directly to Gresham/Sandy Vision Center.

Notice of Privacy Practices Under HIPAA

Gresham/Sandy Vision Center's Notice of Privacy Practices is posted in the clinic waiting room and available in hard copy form at my request.

Legal and Collection Costs

It is understood and agreed that should Gresham/Sandy Vision Center be required to take legal action to recover payments for my medical services I am responsible for all collection, legal, and court costs incurred in that effort. A \$25 charge will be charged to my account if my check is returned from my financial institution.

I understand that in order to cover my visit, my insurance company may require a referral from my Primary Care Physician. I also understand that if you do not receive an authorization for a referral from my Physician, I understand that I will be financially responsible for any and all charges incurred at the time of the visit. In order to effectively bill my insurance Gresham/Sandy Vision Center is required to receive a newly completed patient information form, including signature, every year whether my information has changed or not.

