

BELLINGHAM FAMILY EYE CLINIC

FINANCIAL POLICIES

Name: _____

Our intent is to provide you with the highest level of service and care. Part of this service is offering an explanation of our financial policies.

1. It is important for patients to be informed consumers who understand the specifications of their insurance policies. Your health insurance policy is a contract between you and the insurance company.
2. Each individual patient is responsible for all payment obligations arising out of treatment and care and guarantees payment for these services. You are responsible for deductibles, co-payments, co-insurance or any other patient responsibility indicated by your insurance carrier.
3. Our office may check eligibility, however you will be held responsible for knowing the extent and specifics of your specific insurance policy. Please note that some insurance companies contract with third party carriers for routine vision coverage, and Dr. Green may not be contracted with those vision carriers. Always verify with your insurance company that Dr. Green is a preferred provider in order to get the best benefits possible.
4. Your insurance company makes a final determination of benefits when they receive our billings. Any statements made by our staff regarding your coverage are made in good faith but may not be completely accurate even if we have your insurance information to verify coverage.
5. If there are any problems between you and your insurance company, you may file a grievance directly with your insurance company.
6. If payment has not been received within four months on an outstanding balance, the account may be sent to a third party collection agency. NSF checks or rejected credit card payments will be charged a service fee of \$30.00 per occurrence.
7. Please feel free to ask any financial questions you may have. Again, our intent is to provide you with the highest level of service and care.

By signing below, I acknowledge that I understand the policies as contained herein.

Patient or Guardian: _____ Date: _____