

## Gale's Vision Source Financial Policy

Thank you for choosing us as your health care provider. We are committed to providing quality medical/vision care. We ask that you read and sign this Financial Policy prior to any treatment. Please let us know if you have any questions.

- **We will attempt to verify your insurance coverage at every visit. It is the patient's responsibility to supply all current insurance cards. If you have given us an outdated insurance card and payment is denied for any reason, you will be responsible for payment of the denied charges.**
- **Co-pays are due at time of service.**
- If your insurance requires a referral from your Primary Care Provider (PCP) to see another physician, it is your responsibility to obtain a referral/authorization prior to your appointment. Any unauthorized services may be your responsibility.
- The accompanying parent/guardian of a minor to a visit is responsible for payment if requested. We cannot be involved in negotiating between parents in custody disputes.

As a courtesy to our patients, we will submit claims to your insurance carrier for you. Insurance plans vary considerably, and we cannot guarantee or predict what part of your services will or will not be covered by a particular plan. The patient is responsible to know the rules of their health plan, as we cannot change our coding or billing in an attempt to obtain payment.

I have read and understand Gale's Vision Source's Financial Policy, and I agree to the terms. I also understand and agree that the practice may modify or amend terms from time to time.

\_\_\_\_\_  
(printed name of patient)

\_\_\_\_\_  
(signature of patient or guardian)

\_\_\_\_\_  
(date)

### Medical and Vision Insurance

There are two types of health insurance that will help pay for your eye care services and optical products. You may have both types and Gale's Vision Source accepts most insurance plans in both categories: 1. Vision Plan and 2. Medical Plan. **Vision Plans ONLY cover routine vision wellness exams, along with eyeglasses and/or contact lenses.** Vision plans do not cover medical eye care (the diagnosis, management or treatment of eye health problems). **Medical insurance must be used for medical eye care.** If you have both types of insurance plans it may be necessary for us to bill some services to one plan and some services to the other. We will follow a procedure called coordination of benefits to do this properly and to minimize your out-of-pocket expense. If some fees are not paid by your insurance, we will bill you for them, such as deductibles, copays or non-covered services as allowed by the insurance contract. Please provide your insurance cards to our staff members so we can make a copy. We need to have your medical and/or vision insurance card(s) on file in case we should need it in the future for billing purposes.

I have read and accepted these policies: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient Signature (parent if patient is under 18 yrs old)

### Assignment of Insurance Benefits

I hereby authorize all medical and/or material benefits, to include major benefits to which I am entitled including Medicare and other government sponsored programs, private insurance and any other health plans to Gale's Vision Source. This assignment will remain in effect until revoked by me in writing. I understand that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure the payment of said benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Health Insurance Portability and Accountability Act

I acknowledge that I was offered/received a copy of Gale's Vision Source Notice of Privacy Practices.

Acceptable forms for release of private health information are: { } Fax { } Phone { } In Person { } Hard Copy

\_\_\_\_\_  
(Printed name of patient)

\_\_\_\_\_  
(Signature of patient or guardian)

\_\_\_\_\_  
(date)

I also authorize the release of information to the following people listed below:

\_\_\_\_\_