

**EMPIRE EYE PHYSICIANS P.S. &
EMPIRE EYE SURGERY CENTER
FINANCIAL POLICY**

Thank you for choosing Empire Eye Physicians, P.S. for your health care needs. The following information is being provided to assist you in understanding our financial policies. If you have any questions, always feel free to contact our billing office at (509) 928-8040 ext. 7 and we will be happy to help you.

ACCOUNT RESPONSIBILITY You are responsible for all charges incurred on your account. It is your responsibility to make sure that the information we have is current and accurate and to know what your insurance contract benefits will cover and pay.

INSURANCE BILLING If you have medical insurance, we will be happy to bill your insurance carrier for you and bill your secondary insurance. It is impossible for us to know what your specific plan covers, so please check with your insurance company in advance for procedures and surgeries. **OFFICE VISITS AND PROCEDURES PERFORMED IN THE OFFICE ARE CONSIDERED SEPARATE BY MOST INSURANCE COMPANIES AND MAY GO TOWARD YOUR DEDUCTIBLE.** You will also need to check amounts of copays, deductibles, refractions and if referrals are required. **Insurance cards, DSHS coupons, copays and non-covered refractions are always due at the time of service.** Any unpaid balance after insurance pays is the patient's responsibility.

PAYMENT TERMS

Balances are due in full within 30 days of receiving statement. If the balance is not paid in full within 30 days after receiving your first statement, a billing fee of \$20 per month will be assessed. All delinquent accounts will be turned over to our Collection Agency.

NO INSURANCE If you have no insurance, payment in full is expected at the time of service, unless arrangements have been made prior to your visit with our billing department, in which case a minimum payment of \$100 is required. Any procedure will be an additional charge.

PAYMENT METHODS We accept cash, personal checks and Visa or MasterCard.

NSF CHECKS A \$35 service charge will be assessed on all NSF checks.

WE ARE NOT PROVIDERS FOR VSP, EYEMED, DAVIS VISION OR SPECTERA.

I have read and understand each of the above items.

SIGNATURE: _____ DATE: _____