



Financial Policy

Initials

By initialing and signing below, the patient recognizes that payment for all services that are not covered by a patient’s insurance policy are expected promptly at time of service. Hardware orders must be paid in full at time of order. Applicable co-pays, payments towards deductibles, and fitting fees are due at time of service. Balances on a patient’s account surpassing a period of 30 days is subject to an applied finance charge and will accrue each subsequent 30-day period. Delinquent accounts will be turned over to Chapman Financial after a period of 90 days.

Insurance Billing Policy

Initials

As a courtesy to our patients, Pullman Vision Source agrees to submit a claim on behalf of the patient to insurance carriers for which we are providers. In order to bill insurance, the patient must provide all relevant information prior to his or her appointment. Pullman Vision Source reserves the right not to bill insurance that is not provided ahead of time. We will assist in providing information on a patient’s plan and coverage, however it is ultimately the responsibility of the patient to know his or her insurance benefits. Pullman Vision Source is not liable and will not guarantee coverage for any discrepancies that arise during the insurance billing process for.

By initialing and signing below, the patient understands that Pullman Vision Source accepts assignment for Medicare, Premera Blue Cross, Kaiser Permanente, Regence, VSP, most Medicaid plans, and certain other HMOs and PPOs with which we are affiliated. The patient authorizes payment of insurance benefits directly to Pullman Vision Source for professional services rendered. The patient authorizes the release of his or her medical information to the insurance provider(s) for determination of benefits payable towards services rendered and hardware furnished by Pullman Vision Source.

If a patient’s insurance is through a managed health care program or vision plan, we are obligated to follow the patient’s service contract regarding referrals to other specialists. Due to insurance limitations, it may not be possible to obtain a referral from the patient’s primary care physician after the patient has already received treatment in our office. The patient may be responsible for the costs associated with services obtained without a referral. It is the patient’s responsibility to verify authorization for care with his or her insurance company.

If Pullman Vision Source is unable to verify payment of benefits for a patient from his or her insurance company, the patient recognizes responsibility for fees and services rendered at time of service.

Informed Consent

Initials

By initialing and signing below, the patient authorizes the doctor(s) of Pullman Vision Source to examine his or her eyes and related structures and to perform indicated procedures.

HIPAA Consent

Initials

By initialing and signing below, the patient recognizes that he or she has been offered the Notice of Privacy Practices of Pullman Vision Source. The patient understands that this consent may be revoked at any time by making a request in writing with the exception that information already used or disclosed cannot be revoked.

Patient name (print): _____ Date: _____

Signature of patient or legal representative: _____

If signed by a patient representative, state name and relationship to patient: _____