



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 at time of service; the patient agrees to pay any applicable co-pays, payments towards deductibles, and fitting fees in full at time of service. Hardware orders must be paid in full at time of order and the order is non-cancellable due to the custom nature of the order. Balances on a patient's account surpassing a period of 30 days are subject to an applied finance charge and will accrue each subsequent 30-day period. Delinquent accounts will be turned over to our collection agency.

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 contracted with. In order to bill insurance, the patient must provide all relevant information prior to his/her/they 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 the responsibility of the patient to know his/her/they benefits. Pullman Vision Source is not liable and cannot guarantee coverage for any discrepancies that arise during the insurance billing process.

Due to insurance regulations, if you have both a vision plan and a medical insurance plan, we are required to coordinate your benefits with both plans when a medical diagnosis is present. Medical plans are always primary to vision plans per insurance rules.

If you are being seen for a medical issue, or if you are here for a comprehensive exam and have any medical conditions that affect the eyes or vision, your medical insurance will be billed first. Some of the medical conditions include but are not limited to, macular degeneration, diabetes, high blood pressure, blurred vision, glaucoma, flashes, floaters, eye pain, itchy eyes, double vision, allergies, swollen eyelids, headaches, dry eye, red eyes, pink eye, etc. If you are here for a comprehensive exam and diagnosed with medical conditions, the refraction (eyeglass prescription determination) portion of your visit will be submitted to your vision plan after submission to your medical insurance and benefits between the plans will coordinate if eligible. You may still use vision plan hardware benefits, if available, at the time of your exam.

By initialing, and signing below, the patient understands that Pullman Vision Source accepts assignment for Medicare, Premier Blue Cross, Kaiser Permanente, Regence, VSP, Eyemed, most Medicaid plans, UHC 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/her/they 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 services rendered for a patient from his/her/they insurance company, the patient recognizes responsibility for fees at time of service.

Prescription

Initials

By initialing and signing below, the patient acknowledges that their eyeglass prescription will be made available to them via the patient portal upon completion of the eye exam along with their contact lens prescription, if applicable, after finalization of the contact lens fitting and payment of all fitting fees. In accordance with FTC 16 CFR Part 456 and Part 315

Informed Consent

Initials

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

HIPAA Consent

Initials

By initialing and signing below, the patient recognizes that he/she/they 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: _____