



ERVC Financial Policy

Eagle River Vision Clinic, Inc (ERVC) is committed to providing information and quality services for all our patients. We encourage our patients to take an active role in their care, interacting with our physicians and staff. As part of our commitment to you, ERVC feels it is important that you understand your financial responsibility. ERVC's policies are listed below. If you have any questions, please ask our staff.

PAYMENT AT TIME OF SERVICE/ADDITIONAL CHARGES (charges that may be billed after leaving ERVC) ERVC expects payment at time of service, regardless of insurance status. If you do not have your insurance card at time of service, you may either pay in full or reschedule your appointment. If you have insurance, you will be required to pay your co pay, or percentage, and any unmet deductible amount the day of the visit. The only exceptions to this are patients who have Medicare and a supplemental insurance and patients that have dual coverage and have met all required deductibles. Please be advised that some charges may not appear on your fee ticket when checking out, and are subject to change upon review. Because some tests may require additional review by physicians, we cannot ensure that all the charges are indicated.

SELF PAY – NO INSURANCE If you do not have insurance, you will be expected to pay for your visit, including the office charges and any testing charges at the time of service.

MEDICAID Any patient receiving Medicaid benefits is required to bring their sticker/Denali Kid Care to each visit. If you do not have your sticker, your appointment may be rescheduled, or payment may be due at time of service as we will not retro bill Medicaid for services provided without a sticker or card. Any services performed that are not covered by Medicaid are your responsibility and due on the day you are seen.

MEDICARE Patients that receive Medicare benefits are required to pay their co pay at each visit. Any service not covered by Medicare is your responsibility. You will be required to pay for your portion at each visit. You will be asked to sign a waiver of liability to ensure you understand your Medicare payment responsibilities. Medicare patients who have secondary insurance are strongly encouraged to contact Medicare enrollment for automatic secondary insurance billing.

PRIVATE INSURANCE ERVC will bill most primary insurances as a courtesy. Payment for co pays or deductible is expected at time of service. If you cannot pay for your portion please ask to speak to the Office Manager for payment arrangements. You will be asked to sign a waiver for non-covered services, which your insurance may deem unnecessary or experimental and these may be your responsibility. If you do not present your insurance card at time of service you will need to pay in full or reschedule your appointment. If ERVC is not given corrected or updated insurance information by you, at the time of service, you will be responsible for any incurred charges. ERVC will bill secondary insurances as a courtesy. ERVC is contracted with Blue Cross/Blue Shield, Aetna, Tricare, VSP, Medicare and Medicaid. ERVC is also a member of the Beechstreet Network. If you do not know your co pay amount, ERVC will expect payment of 30% at time of service. ERVC will assume unknown deductible status has not been met and will expect full payment at time of service. Examples of **insurances we do not bill** are: UHC, HMO's, Avesis, EyeMed, Blue Vision, Davis Vision, Spectera, some out of state insurances that cannot be verified and Fisherman's Fund.

NON COVERED SERVICES Some services are not covered by insurance and are expected to be paid at time of service. Because individual policies vary, it is not possible for our staff to know exactly what your policy will cover. We encourage patients to contact their insurance carrier to inquire about deductibles, co pay amounts and vision benefits prior to their visit. This includes, but is not limited to, services certain insurance companies consider elective, such as, contact lens fittings and optional treatments for eyeglass lenses.

REFUNDS At times refunds or credits are created. IF you receive indication from your insurance company that a possible refund is due, please contact our office. Due to auditing purposes it may take up to 8 weeks to process and receive your refund. When payment is made via credit card/debit card refunds will be applied back to the form of payment used.

COLLECTIONS Payment for services received at ERVC is the responsibility of the patient, regardless of insurance status. ERVC does not appeal denials for usual and customary, preventative or non-covered services. If a patient refuses to remit payment or make financial arrangements, the patient account will be reviewed for possible collection action at 90 days and considered for dismissal from ERVC. Should your account go to an outside collection agency it will be assigned to **Cornerstone Collections Services** and a \$35.00 **administrative fee** will be assessed by ERVC. Any NSF checks will be assessed a \$30.00 NSF fee, and patient will be responsible for any legal fees incurred in regards to the collection of this account.

If you have any questions regarding your financial responsibility to ERVC, please do not hesitate to ask. It is our hope that by providing this information, our patients can be more aware and empowered when receiving care at Eagle River Vision Clinic. Our office number is (907) 694-2511.

I have read and acknowledge the above financial policies.

Signature _____ Date _____

INSURANCE ASSIGNMENT, AUTHORIZATION AND NON COVERED BENEFITS WAIVER

I hereby assign benefits to be paid directly to Eagle River Vision Clinic, Inc and authorize the clinic to furnish information regarding my treatment and services to my insurance carrier. I understand that I am responsible for any amount not paid by the insurance. I understand that certain tests, services or eyeglass options may not be covered benefits within my insurance plan or policy. I know that if I have any questions regarding what is or is not covered under my insurance plan or policy; I should contact my insurance carrier prior to having these services rendered. If I receive services or products that are not a covered benefit within my insurance plan or policy, **I understand I am responsible for payment in full** for the incurred charges. I understand the ERVC will consider this waiver current for today's visit and any future visits.

Patient Signature _____ Date _____

Guardian/Parent Signature _____ Date _____

Printed Name _____ Date of Birth _____