

## **Vision Associates**

### Billing policies / Patient Liability Statement

We will be happy to bill your insurance plan using the information you provide. Please be aware it is necessary for us to copy your insurance card (if your plan provides one) at each visit as insurance plans, co-payments, and member numbers may change.

Your insurance company may determine that the service you have received is not a covered benefit or that you have not met your deductible for that service. Please read your insurance handbook and be aware of what services your insurance plan covers. When in doubt, contact your insurance company directly for clarification. You are responsible for any charges not covered by your insurance plan.

You are also responsible for any co-payments your insurance company requires. Co-payments must be paid at the time of service. In some cases, the co-payment listed on your insurance card will differ from what the insurance company charges for the service you receive. Your insurance company can clarify any co-payments you may be liable for. If you do not pay the correct co-payment, we will bill or credit you for the balance.

Some services require a referral from your primary care physician. You are responsible for making sure we receive the referral. If we do not receive the referral in time to bill your insurance, you will be billed for the service.

We accept cash, checks, Visa, MasterCard, American Express, and Discover. Please note: returned checks are subject to bank fees.

We appreciate your choosing our office and are committed to your care.

I understand and agree to the terms listed above:

\_\_\_\_\_  
Patient Signature or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Email Address