



## FINANCIAL WAIVER

Thank you for choosing B-Town Eyecare as your eye care provider. We are committed to providing the best care possible to our patients. We find that our patients appreciate knowing in advance what is expected of them financially and what terms and conditions are available. Please read the following information carefully. "I" refers to the patient, the guarantor for a patient under 18 years of age, or a legally authorized signer for a patient who is handicapped. If you should have any questions, please direct them to our billing department. The Burien Eyecare Center will be known as B-Town Eyecare in this document.

I understand that the cost of any service/procedure provided by Burien Eyecare Center (DBA B-Town Eyecare) not covered by my insurance is my responsibility. I agree to be personally and fully responsible for payment of all services not covered by my insurance plan.

- 1) **Identification:** I understand that my current insurance card(s) and current ID are to be presented at each visit. Failure to do so will result in my being billed directly.
- 2) **Insurance Policies:** If my insurance coverage cancels, this form is no longer valid and the balance will become patient responsibility. If my insurance coverage changes, it is my responsibility to notify the B-Town Eyecare Billing team, update my insurance information and sign a new Financial Waiver form if continuing care.
- 3) **Referrals:** If my insurance plan requires that I obtain a referral/authorization prior to obtaining services, and I do not present B-Town Eyecare with a referral form or otherwise confirm that one has been requested from my PCP, I will be personally and fully responsible for payment of all services/procedures provided by B-Town Eyecare.
- 4) **Claim Submission:** B-Town Eyecare will also submit insurance claims as a courtesy to me. My insurance policy is a contract between me and my insurance company, so it is my responsibility to understand my benefits. If my insurance does not pay within 60 days of the date of service, the balance will become my responsibility.
- 5) **Copayments, Deductibles, and Co-insurance:** If my insurance requires that I pay a co-pay for specialist care, I will be expected to pay the co-pay at the time of service. B-Town Eyecare does not bill for co-pays. Deductibles and co-insurance are contractual obligations between me and my insurance carrier. Deductibles and co-insurance are the responsibility of the patient and will be billed to me after settlement from my insurance company. Any questions concerning your particular plan should be directed to the insurance carrier.
- 6) **Eligibility:** B-Town Eyecare will check my medical and vision benefits for me, however the information is not a guarantee that your insurance company will pay for those services. B-Town Eyecare will not be responsible for collecting overdue insurance or negotiating settlement on disputed claims.
- 7) **No Insurance or Out-of-Network Providers:** If I do not have insurance or if I have opted to accept services outside of my network, payment will be due at the time of service.
- 8) **NSF Check Fee:** I understand that if I make payment by check and it is returned for Non-Sufficient Funds, a \$50 Returned Check Fee will be added to my account and I will have to make future payments by cash, money order, or accepted credit card.
- 9) **Collections:** I understand that if I fail to make payment on my account, the account will be turned over to an outside collection agency. I also understand that a \$50 Collection Fee will be added to my account and my family and I will be discharged from being seen by any doctor at B-Town Eyecare. I acknowledge that I will be responsible for all legal costs including collection fees and attorney fees if I fail to pay my account.
- 10) **Vision Insurance for Routine Exams:** There are two types of health insurance plans that will help pay for your eye care services and optical products. You may have both types and B-Town Eyecare accepts most insurance plans in both categories:
  1. **Vision plans** (such as VSP, Davis, NBN and others)
  2. **Medical insurance** (such as Premera, Regence, Medicare and others)

Please Note: Vision plans only cover **routine vision wellness exams**, along with eyeglasses and contact lenses. Vision plans **do not** cover medical eye care (the diagnosis, management or treatment of eye health problems).

- If you would like for your visit to be covered as a routine exam, you must notify us at check in prior to your exam. We will not re-submit a claim to a vision insurance carrier after the claim has been filed to your medical insurance.
- Medical insurance must be used for medical eye care.
- If you have both types of insurance plans it may be necessary for us to bill some services to one plan and some services to the other (i.e. coordination of benefits).
- If some fees are not paid by your insurance, we will bill you for them, such as copays, deductibles or non-covered services as allowed by the insurance contract.

Patient/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_