

Eyecare and Eyewear's Billing Policies & Procedures

Our doctors are providers for the following plans:

Medical: Aetna, BCBS, Cigna, Medicare, United Healthcare, Greatwest, First Health and PHCS

Well Vision: Vision Service Plan and Eyemed

Medical insurance plans differentiate between medical benefits and routine coverage. Some offer routine coverage for eye exams while others (such as Medicare) do not.

It is important that you know your co-pays and deductibles for both office visits and medical testing. We do our best to obtain benefits from your medical carrier but the information may not be as detailed as we need. It is unfortunate that insurance companies state "a quote of benefits does not guarantee payment". If a claim is denied for a particular service, deductible not met or copay not covered, the patient is responsible for any and all balances. ECEW will not re-file claims denied for these reasons. A Statement will be sent, and any balance not paid in full 30 days after the statement date will be charged a late fee of \$10.

ECEW, as a service, will file claims to your insurance provider for services rendered. ECEW will also re-file claims denied due to incorrect coding and / or billing errors. Should coverage be denied, the patient is fully responsible for any / all remaining balances.

If the Doctors are not providers on your medical plan:

You are responsible at the time of your visit for the full amount for all services and materials. ECEW will provide a receipt that shows all procedures and diagnosis codes that you will need to file on your behalf to your medical carrier.

Patient Acknowledgement and Acceptance of Responsibility

I accept the policies as out lined above and understand that I am ultimately responsible for paying all balances on my account and on my dependent's account regardless of my insurance benefits. I understand that ECEW will file my claim in a correct and timely manner and will re-file on claims denied for incorrect coding or billing errors.

In the event ECEW files insurance on my behalf, I authorize the release of medical information necessary to process claims. I also authorize payment of medical benefits to ECEW for services provided. A photocopy of this assignment is as valid as original.

I acknowledge I was offered a copy of the HIPPA Compliance Form.