



# Intermountain Eye & Laser Centers

Physicians, Surgeons and  
Eye Care Consultants.  
1-800-888-8393

## Patient Financial Policy

### INITIAL VISIT

Please provide us with a current ID, insurance card and billing information if you would like us to bill your insurance for you. All co-pays are due at time of visit. If no insurance, payment in full is due at time of visit. We accept cash, checks, Visa, MasterCard, American Express and Discover.

### HEALTH INSURANCE

We will bill your insurance company as a courtesy to you. Each insurance company has its own rules for determining how much they will pay on each claim. We will try to answer any questions you have about your insurance; however, your policy is a contract between you and your insurance company. It is your responsibility to know your insurance policy and be familiar with your coverage. You should contact your insurance company if you have any questions regarding coverage. If your insurance company denies your claim you are responsible for payment in full.

### SURGERY ESTIMATE AND PREPAYMENT

If you require surgery, as part of the preoperative process we will make an estimate of the fees. Prepayment is due at surgery as follows:

Health Insurance Plans: unmet deductible and estimated co-pay  
Self-Pay: In full

### PAYMENTS

Unless we approve other arrangements, the balance on your statement is due upon receipt. If payment is not received, we reserve the right to refuse future appointments on delinquent accounts. If your account becomes past due, we will take necessary steps to collect this debt. We charge 18% annually on accounts over 60 days.

I understand that ROUTINE VISION services (routine eye exams, contact lens exams, contact lens evaluation, frames, lenses, contact lenses, etc.) are payable at the time of service, unless there is a vision benefit available on my insurance plan. I also understand for my eye exam to be a "ROUTINE EYE EXAM" I cannot present with a **problem** or a **diagnosis** except those relating to a glasses or contact lens prescription (Nearsighted, farsighted, etc.). I understand that if I have been diagnosed with an ocular medical condition, which might affect my eyes (such as diabetes, hypertension, cataracts, dry eye, blepharitis etc.) then my eye exam will be considered a MEDICAL EYE EXAM not a ROUTINE EYE EXAM meaning your Medical Insurance will be billed and not your Vision Plan. I understand Routine Eye Exams are billable to Vision Insurance Plans and Medical Eye Exams are billable to Medical Insurance Plans.

\_\_\_\_\_ *Patient initials*

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date