

Oklahoma City Vision Source

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Financial Policy

PAYMENT:

For all services, accessories, glasses or contact lenses ordered or provided by the physicians and staff of Oklahoma City Vision Source, payment is due at the time of service or when product is ordered. This includes your portion that insurance will not pay including any co-pay, deductible and/or co-insurance amounts. We accept Visa, M/C, American Express, Discover and Care Credit for your convenience. We also accept cash and personal checks. **The return check fee is \$35.00.**

INSURANCE:

At each visit to our office, we will ask you for a copy of all of your current insurance card(s) and if you have had any changes to your insurance. *As a courtesy*, we will bill your insurance company for the services provided to you. However, it is *your responsibility* to know the benefits and conditions outlined in your insurance plan. Most insurance policies pay only a portion of your total charges. We do not guarantee the accuracy of benefit information given to us by insurance companies. If for some reason your insurance company fails to pay, you will be expected to pay the balance in full within 45 days. If you *have not* met the deductible amount for the current year, and the insurance company applies your covered charges to your annual deductible, you will be billed for the amount of the service(s). Payment will be required in full within 30 days of the date on your monthly statement. **If your insurance company requires an authorization or a referral, it is your responsibility to obtain it. You will be billed for all charges that are denied by your insurer due to no authorization or for us being out of network.** If insurance information, including copies of your cards, is not provided on the day of service, you will be responsible for filing the claim yourself.

By signing below, I authorize the release of any medical or other information necessary to process my insurance claims.

MEDICARE:

For patients who have Medicare, you must have **PART B** coverage for Medicare to pay your claim. You will be responsible for any charges Medicare or your supplemental insurance does not cover. This may include, but is not limited to: deductibles, refractions, eyewear, Optomap, and other testing our doctors may order.

NON-INSURANCE:

For patients without insurance, payment is due at the time service is rendered.

PRODUCT:

A 50% deposit is due at the time materials are ordered. The remaining balance is due at the dispensing of materials. This office is not responsible for any material(s) left after 90 days. Deposits are non refundable.

RESTOCKING FEE:

In the event that you cancel an order for custom items (which would include all frames, complete set of glasses and/or specialty contact lenses) you will be responsible for a restocking fee of up to 50% of the entire custom order.

COLLECTIONS:

If your account is turned over to a collection agency, their fee is 30% of your account balance and will be added to the total.

LATE FEE:

A late fee of \$25.00 will be added to your balance when the account is 45 days past due.

Thank you for taking the time to read our financial policy. We hope this answers any questions you may have. If you have any further questions, please do not hesitate to ask.

I have read, understand, and agree to the conditions above.

I acknowledge that I received a copy of Oklahoma City Vision Source's Notice of Privacy Practices.

Patient Signature (or Guardian if patient is a minor)

Date



Authorization for Email Communications Between Oklahoma City Vision Source and Patient

Secure electronic messaging is always preferred to unsecure email for more sensitive health and personal information, but under specific circumstances, unsecure email communication containing protected health information (PHI) and personal information may take place between Oklahoma City Vision Source and a patient.

This email communication may be used if both parties agree on this communication method and this form is completed and signed by the patient.

A copy of this form will be on file with Oklahoma City Vision Source and will be provided to the patient if requested. This agreement is limited to communications using the email address listed below.

Provider Awareness:

Standard email is not a secure means of communication, so as the provider Oklahoma City Vision Source will use the minimum necessary amount of protected health information when responding to your questions or communication information to you. In the event the communication requested is a copy of medical records, it may contain highly sensitive PHI such as information relating to HIV/AIDS, mental health or substance abuse.

Patient Awareness:

Please note that most standard email does not provide a secure means of communication. There is some risk that any protected health information contained in email may be disclosed to, or intercepted by, unauthorized third parties. Use of more secure communications, such as fax or mail is always an alternative that is available to you.

By signing this form, you understand and are willing to accept the risks involved with insecure email communication of my protected health information. Examples of requested communication includes, but not limited to: copies of receipts, glasses or contact lens prescriptions, and/or copies of medical records.

Please note: This form only needs to be signed if you wish to receive emails that contain PHI. If you have provided us an email address on your patient paperwork, you may still receive emails concerning appointments. This authorization is only to inform you of the risks of sending information by email that may contain protected health information.

Patient's Name (please print): _____

Patient's Email Address (please print): _____

Family Members included in this authorization: _____

Patient's (or Guardian) Signature: _____ Date: _____