

Eye to Eye Clinic Wilsonville

Dr. Rosiland Hursh • Dr. Lorne Yudcovitch
Optometric Physicians

8269 S.W. Wilsonville Road, Suite C
Wilsonville, OR 97070

CREDIT POLICY

AS A SERVICE TO OUR PATIENTS, WE WOULD LIKE TO OUTLINE OUR POLICY TOWARDS THE PAYMENT FOR SERVICES RENDERED.

1. As a courtesy to you, your **PRIMARY INSURANCE** will be billed, provided the necessary **ID, Group Numbers** and **billing address** are provided **at the time of visit**, unless other arrangements have been previously made. However, **after 45 days**, the balance of the bill becomes **YOUR** responsibility.
2. Although we are billing insurance companies, we hold you responsible for your account.
3. Any services / materials considered to be a “**non-covered benefit**” by your insurance company will be billed to you.
4. Insurance **co-pays** are required at the time of the office visit. If your co-pay is **NOT** made at the time of your office visit, you will be subject to a \$15 collection fee, which will be applied to your account.
5. We realize that many families are in a state of change. Divorces, separations, single parents and blended families are now common. In many of those families, the question of who is responsible for the children’s care is uncertain. Our policy is that **the parent who requests treatment** for the child is responsible for all fees incurred.
6. We encourage you to contact our billing/crediting department if you have any questions regarding your account. We will be happy to set up a payment plan with you if needed. Once an arrangement has been made, you will be expected to follow that plan.
7. Your signature authorizes us to contact any reference in case it becomes necessary to locate you.

I HEREBY AUTHORIZE THE ABOVE DR/DRS. TO FURNISH THE INSURED’S INSURANCE COMPANY ALL THE INFORMATION WHICH SAID INSURANCE COMPANY MAY REQUEST CONCERNING MY CLAIMS FOR SERVICES.

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR CHARGES NOT COVERED BY THE INSURANCE COMPANY.

Responsible party’s signature

Date