

FINANCIAL POLICY / AGREEMENT FOR MEDICARE PATIENTS

Medicare Patients

- We accept Medicare assignment; therefore, for Medicare patients we will send a statement after Medicare pays their 80% on rendered service. Your 20% co-insurance is expected upon receipt of statement if there is no secondary insurance.
- If your secondary insurance payment has not been received within 30 days, we will require payment from the patient.
- Non-covered services on Medicare patients are due at the time of service, **Refractions are a non-covered service and payment is due at the time of service.**
- Medicare requires us to have your Medicare ID card on file in order to bill; if we do not have one on file we will look to you for payment.
- If you have chosen a **Medicare Advantage Plan** to replace your “traditional” Medicare - you will have co-pays vs. co-insurance for your care in our clinic. If you have a **VISION benefit**, please let us know when you elect to use that benefit when scheduling your appointment so that it is bill correctly as your VISION examination.

I request that payment of authorized Medicare benefits be made to either me or on my behalf to Infocus Eye Care Center, LLC for any services furnished to me by that physician group or supplier. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable to related services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claims. If other health insurance coverage is indicated in item 9 on the HCFA-1500 claim form or elsewhere on other approved claims forms or electronically submitted claims, my signature authorizes releasing of the information to the insurer or agency shown. In Medicare-assigned cases, the physician group or supplier agrees to accept the charge of determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance, and non-covered services. Coinsurance and deductible are based upon the charge determination of the Medicare carrier.

Name of responsible party (Please print)

Signature of responsible party

Date

If you have any questions concerning Infocus Eye Care Financial Policy or need to make payment arrangements, please call the Billing Department directly at 541-749-4991.

Thank you for choosing Infocus Eye Care.