

**Welcome To the North Idaho Eye Institute, Post Falls Eye Clinic,
North Idaho Cataract & Laser Center and Coeur d'Alene Optical.**

Due to the many changes in health care, North Idaho Eye Institute, Post Falls Eye Clinic, North Idaho Cataract & Laser Center and Coeur d'Alene Optical are finding that a large amount of our staff time and clinic resources are being spent on collecting fees instead of on patient focused tasks needed to provide you with total quality eye care. The intent of our payment policy is to help us dedicate more time to you and keep the costs of medical services to a minimum by reducing the cost of billing.

- A) **MEDICARE PATIENTS:** North Idaho Eye Institute, Post Falls Eye Clinic, North Idaho Cataract & Laser Center all accept assignment. If you do not have a supplement insurance that covers the deductible and/or co insurance, you will be expected to pay those amounts at the time of service. Coeur d'Alene Optical does not accept Medicare assignment.
- B) **NO INSURANCE:** If you have no insurance, payment is expected at the time of service.
- C) **INSURANCE:** If you have insurance, please have your insurance card available for the front desk. North Idaho Eye Institute, Post Falls Eye Clinic, North Idaho Cataract & Laser Center are contracted with a large number of insurance companies. If your insurance coverage is through a company that we are not contracted with we will be happy to assist you in submitting your medical claim. Coeur d'Alene Optical is only contracted with Vision Service Plan.

If we are contracted with your insurance company, payment is expected for any co-payment, deductible and/or non-covered services at the time of service. If we are not contracted with your insurance company, payment for your exam will be expected at the time of service. Payments can be made vis credit card (Visa and Mastercard), traveler's check, cashier's check and personal checks and cash.

- * **REFERRALS:** It is your responsibility to ensure that our office receives the referral your insurance company requires before your visit. If our office does not receive a referral, you have the choice of rescheduling your appointment or being responsible for full payment of our eye exam charges. A Waiver Of Liability will be required for all patients who are covered by a HMO or PPO or VSP.

- D) **SERVICE CHARGE:** A service charge to cover the cost of postage and billing services of \$5.00 per month may be charged to overdue accounts and late co-payments. In addition, interest at the rate of 12% APR may be applied to overdue accounts.
- E) **PAYMENT PLANS:** If you have a need to establish a payment plan, please contact the business office at the number listed below.

If you have any questions, please feel free to call our business office at 667-5540.

Signature _____ Date _____

Office Representative _____