

INSURANCE INFORMATION

Dear Patient:

Thank you for choosing **Wilda Eye Care!** Our mission is to deliver the highest quality of eye care to you and your family. As a courtesy, Wilda Eye Care will be happy to bill your insurance company for your visit with us. Please understand that this is your insurance policy, **not ours**. Please read our insurance policies, sign and date the bottom. By signing, you agree to pay your claim if for any reason your insurance company denies it.

- **Insurance Cards:** Please have your card with you so we can copy all the necessary information. This will make the billing process easier for all of us. If your insurance should change in the future, please inform the office prior to your next visit.
- **Co-Pays:** Have your payment ready when checking in at the front desk. This is a contractual obligation with your insurance company for which you are responsible and it is mandatory that we collect it from you.
- **Referrals:** As a member of an HMO, you have become a partner with your Primary Care Physician (PCP) and it is mandatory that you get a referral from your PCP to see a specialist. Optometrists are considered specialists. We require referrals for all visits that are not routine in nature, i.e. itchy red eyes, and injury to your eye(s), seeing light flashes or floaters, and so on. If possible, obtain multiple visits in your referral so you do not have to repeat this process if we need to see you more than once. If a referral has not been obtained and the claim is denied, you will be responsible for payment in full.
- **Insurance Benefits:** There are many insurance companies and many plans within insurance companies. Therefore, it is in your best interest to verify your benefits. Know your deductible amounts and confirm that Dr. Wilda or Dr. Bolay is listed on your insurance company's provider list. Please also verify that you do not need a prior authorization for your visit. **Many Vision plans do not issue their own insurance cards so it is crucial that you are aware of your Vision Plan prior to your visit as your health insurance card will not inform us of separate vision programs.**
- **Worker's Comp:** We do bill certain Worker's Compensation Companies. Your visit has to be approved by your employer for worker's compensation to be billed. Otherwise, payment is expected in full at the time of the visit. We will be happy to assist you in any paperwork or forms that need to be filed.
- **Self-Pay:** Payment is made in full at the time of the visit.
- **Contact Lens Fittings:** If you elect to try contact lenses, a separate fitting exam must be performed. This is a non-billable visit and must be paid for at the time of service. The fitting fee includes the initial fitting visit; training time, sample solution and trial lenses, and all follow up visits for the first three months. **This fee is non-refundable.** These fees do not include your contact lenses. We can exchange any unopened boxes (up to the discretion of Dr. Stacey Wilda and the manufacturer of the contacts). The boxes cannot have any writing on them and they cannot be expired.
- **Frames, Lenses, and Your Prescription:** All of our frames have a warranty ranging from 6 to 12 months, and our lenses with a scratch resistant coating have a 12 to 24 month warranty on normal wear and tear. Please ask for more details on other warranties and policies.

INSURANCE ASSIGNMENT AND RELEASE

I, the undersigned certify that I am financially responsible for all charges whether or not paid by said insurance. I hereby authorize said assignee to release all information necessary to secure payment.

I request that payment of authorized insurance benefits be made either to me or on my behalf to Dr. Stacey L. Wilda for any services. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. In Medicare assigned cases, the physician or supplier agrees to accept the charge 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 the deductible are based upon the charge determination of the Medicare center.

Signature

Print Name