

## **Patient Financial Responsibility Policy for Mountain View Optometry and Contact Lenses**

Patient agrees to pay for all portions of services due in full at the time services are rendered.

Patient is required to present a valid medical insurance card at every visit and as needed throughout one's care in order to properly bill the insurance.

**Commercial Insurance:** We bill most insurance carriers on the patient's behalf if proper paperwork is provided. Any outstanding balances, co-payments, and deductibles are due prior to checking out. Since the agreement with patient's insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for a claim. If an insurance carrier has not paid within 60 days of billing, fees are due and payable in full from the patient.

**Medicare:** Our office is a Medicare Provider and we will bill Medicare for the patient. We will bill the secondary insurance if it is automatically crossed over through CSM (Medicare System). If the secondary insurance does not crossover it is the patient's responsibility for filing these claims. Any outstanding balances and deductibles are due prior to any future appointments. Any co-insurance and non-covered services will be due as service is rendered.

**HMO:** Our office does not participate in any of the HMO groups and cannot bill to these insurance carriers. This includes Medicare HMO plans.

**Returned Check / Cancellation Fees:** Returned checks are subject to a \$50.00 fee. If checks are not paid within two weeks of being returned to our office we will report the patient to the Santa Clara County District with Attorney's Bad Check Program. Balances older than 60 days are subject to additional collection fees and finance charges and interest of no less than \$10.00 per month. A \$73.00 charge will be incurred for NO SHOW appointments and for appointments cancelled without 24 hours advance notice.

**Materials:** Material fees must be paid in full before an order will be placed. MVO provides a 30 day Satisfaction Guarantee. Any materials not picked up within 6 months will be mailed to the patient's USA address provided at the time of service. Shipping fees will be charged to the patient. Any item returned to us or item that cannot be shipped due to a non-USA address, will be dismantled, or disposed or donated to a charitable organization.

**Methods of Payment:** Our office accepts the following payment methods: Cash, Personal Checks, Visa, MasterCard, Discover and American Express, Star, Apple Pay, Google Pay, Samsung Pay.

The patient understands that our office reports to an outside collection agency. In the event that the account is turned over for collections, the patient agrees to pay all additional fees assessed in the collection of the debt, including collection agency fees and attorney fees.

**The patient is ultimately responsible for all fees for service and materials.**

**"I have read, understood, and agreed to the above financial policy for payments of professional fees."**

\_\_\_\_\_  
PATIENT NAME (Print Clearly)

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
PATIENT SIGNATURE (or parent/legal guardian)

\_\_\_\_\_  
DATE