EYE PHYSICIANS OF WASHINGTON

Board Certified Eye Physicians and Surgeons
www.dceyedocs.com

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ADMINISTRATIVE OFFICE PROCEDURES

No insurance coverage:
If you are unable to present proof of insurance coverage, or if you have none, you will be expected to pay in full at the time services are rendered.

Your insurance coverage and reimbursement:
This office participates with many medical insurance plans. Participating with your insurance does not ensure that your insurance will cover all services provided here. We cannot be expected to know the coverage of your specific plan but will follow the explanation provided to us by your insurance carrier. You will be billed for those expenses your insurance designates as your responsibility or as non-covered.

This office generally accepts your carrier's explanation of benefits and payment unless we have valid reason to believe there is an error. Your assistance may be necessary. If you believe your carrier erred in considering your claim for payment, please contact your carrier immediately to ask for an explanation of their actions. This will assist in a timely resolution to your claim.

Vision plans:
We do not participate with any vision plans including Davis Vision, FEP Blue, and VSP, among other.

Co-pays:
Your insurance requires that patients remit co-pays at the time of service. We will be asking for this amount which most often appears on the member's insurance card. We will appreciate your cooperation.

Refraction:
This is an eye test that measures a person's ability to see an object at a specific distance. The **$75.00 refraction** is a separately charged part of the comprehensive eye exam. Most insurance carriers consider this a routine service and will not reimburse physicians for the procedure. We will ask you to pay for this service at the time of your visit. If we discover we have collected in error, we will graciously refund this amount to you.

Outstanding balances:
Patient outstanding balances are billed to our patients with a return envelope for your convenience once every 28 days. If, at the time of your visit, we have not received your payment, we will request that you present this amount by cash, check, or credit card. If you wish to discuss a payment plan, please ask to speak with our billing coordinator.

Referrals:
If your insurance requires a referral from your primary care physician, you must present that referral prior to seeing your physician. If you are unable to present a referral, you will be asked to sign a waiver indicating that you have been informed of the need for this referral and agree to pay in full for the services provided.

Returned checks:
A $35.00 charge will be assessed to your account for returned checks.

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