

IMPORTANT: PLEASE READ & SIGN

Vision plans are a form of coverage that help reduce out of pocket costs of eligible eye exams and optical merchandise (eyewear, contact lenses, etc.). **Medical insurance** help reduce out of pocket costs when a medical condition (cataracts, dry eye, etc.) is detected. **Vision plans and medical insurance are termed “carriers” in this agreement.**

The financially responsible party (patient/patient’s parent/guardian) agrees to: Make carrier details available so eligibility may be verified prior to an appointment and consent to our office submitting charges to carrier on their behalf. Tacoma Eye will endeavor to verify coverage with carriers but the financially responsible party is responsible to know the coverage limits/prior authorization requirements of their carriers. By not supplying this information, the financially responsible party consents to being billed directly for services performed at Tacoma Eye at the usual and customary rate. If carrier details provided are incomplete, invalid or otherwise ineligible for payment, the financially responsible party will be billed directly for services at the usual and customary rate. Tacoma Eye does not coordinate benefits (COB). Carriers dictate to our office which plan is termed primary and the primary carrier will be billed. Patients are welcome to submit an invoice after payment to the secondary carrier to seek reimbursement. “Out of Network” patients or patients deemed ineligible for coverage by their carrier may submit an invoice after payment to their carriers to seek reimbursement. Carriers make it clear that even when eligibility has been confirmed, there is no “guarantee” of coverage. We encourage patients to request an explanation of benefits (EOB) from their carrier in order to maintain transparency and understand what their financial responsibility is for a given service. Our office does use a third party collections agency to recover any monetary balance owed. **The ultimate responsibility of any monetary balance is that of the financially responsible party.**

DIGITAL RETINAL IMAGING: Over the course of the pandemic we have employed DRI as the safest way to evaluate the retina while maintaining social distancing at a reduced fee. Patients have overwhelmingly voiced wanting DRI to remain a component of our eye exam. **Starting March 12, 2022 DRI will be optional at a fee of \$39.00. If you do not want DRI please talk to our front desk before signing this form.**

I have read and understand above:

Signature of financially responsible party
(patient/patient’s parent/guardian): _____

Print Name: _____

Date: _____