

## OFFICE POLICY REGARDING INSURANCE

We accept assignment and are In Network for the following insurance companies:

<u>Insurance Name</u>	<u>Benefit</u>
Avesis	Routine Vision
Blue Cross/Blue Shield PPO & POS	Routine & Medical
Block	Routine Vision
CoreSource	Routine & Medical
Definity Health	Routine & Medical
Eyemed	Routine Vision
FirstCare	Routine & Medical
Great West Healthcare	Routine & Medical
GPA	Routine & Medical
Healthchoice	Routine & Medical
Healthfirst TPA	Routine & Medical
Healthsmart	Routine & Medical
Lumenos	Routine & Medical
Medicare	Medical Only
Opticare	Routine Vision
PHCS and Associated	Routine & Medical
Pacificare PPO's	Routine & Medical
Principal Life Insurance	Routine & Medical
Superior Vision	Routine Vision
Texas True Choice	Routine & Medical
TML Intergovernmental	Medical Only
United Healthcare PPO's	Routine & Medical
United Medical Resources	Routine & Medical
VSP	Routine Vision

(We will file claims for any of the above insurance companies for you. We are happy to provide you with eye care services for insurance companies not listed above – **out of network**- but we will collect, in full, any fees incurred at the time of service, file your insurance for you if so desired, and refund any monies owed after your insurance company notifies us of your out of network coverage benefits.)

At the time you schedule your appointment, our office staff will ask you for pertinent insurance information needed to verify and/or pre-authorize your insurance coverage. ***Many insurance companies now require pre-approval or pre-authorization before eye care services are rendered, and if this is not received prior to you receiving services, the insurance company will not pay the bill and you will be responsible for the fees.***

\*\*\*Patients who carry Health Care and/or Vision Insurance must remember that professional services are rendered and thus charged ***to you the patient, not the Insurance Company.***

\*\*\*Our office makes every effort to obtain accurate benefit information for you prior to your visit. However, our quote of benefits to you ***does not guarantee*** payment to us by your insurance company. You are ultimately responsible for knowing your own insurance benefits and ***are responsible for any balance on your account should your insurance company payment differ from our preliminary quote.***

\*\*\*Even though we file your insurance claim, this office cannot accept responsibility for negotiating a settlement on a disputed claim. ***You are ultimately responsible for the balance on your account should your insurance company deny your claim for any reason.***

### ASSIGNMENT OF BENEFITS AUTHORIZATION

**I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services rendered or goods purchased.** I hereby assign and authorize my insurance carrier(s) to issue payment (checks) directly to Eric K. Newberry, O.D., for medical and/or visual services rendered to myself or my dependents. I authorize release of any information concerning my or my child's health care, advice given, and treatment provided for the purpose of evaluating claims for insurance benefits and agree to allow a photocopy of my signature to be used to process insurance claims.

Signature of Patient or Parent: \_\_\_\_\_ Date: \_\_\_\_\_