



bella vision

FAMILY VISION CARE

Financial Responsibility

1855 East Main Street - Suite 12 - Spartanburg - SC - 29307
864.308.8812 voice www.bella-vision.com web

We are committed to providing you with excellent eye care. This information is designed to help you to understand our billing practice. Please read carefully and sign at the bottom of the page indicating your acceptance and understanding of our policies and procedures.

As a courtesy to our patients, we have enrolled in several managed care programs. In doing this, we agree to file your insurance claims and take the contracted rates designed by your insurance company. However, we do not take responsibility for the items that are not covered by your individual plan. We recommend that you always question the insurance company regarding your benefits and do not assume that everything done in the physicians office is covered.

Co-payments and Co-insurance are a part of your contract with your insurance carrier and are due at the time of service. Your health plan mandates that you are financially responsible for payment of co-pays, co-insurance, deductibles and non-covered services. Bella Vision, LLC is obligated to collect these fees.

Your policy is a contract between you and your insurance carrier. Please review and understand your insurance benefits. Do not assume that your policy automatically covers everything. Ask questions. It is your responsibility to know what your policy covers. It is advised that all patients verify that we are network providers.

Many insurance policies will cover routine vision as well as medical visits. However, the benefits may no be the same. Some may cover routine vision 100% up to a certain amount whereas medical coverage may be subject to the deductible. The codes submitted to your insurance company must be consistent with nationally accepted coding practices. This means that we cannot bill a visit with a certain code that is incorrect, just to get the claim processed in your favor.

Medicare, Medicaid and most other insurance carriers will NOT pay for Refractions (test for glasses Rx) or Routine Eye Exams (exams for blurred vision, annual exams not related to medical diseases). The fee for Refractions is \$30.00. This fee plus any co-payment or deductible is due at the time of service.

I have read and understand the billing practices of Bella Vision, LLC.

Full Name of Patient

Date

Signature of Patient/Parent/Guardian