



Oxford

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## INSURANCE INFORMATION

Here at Family Vision Care, we offer a wide range of primary eyecare services. Due to the diverse nature of eye conditions, disorders, and procedures, some of the services we provide may be covered by your MAJOR MEDICAL INSURANCE, some may be covered by your VISION Insurance, and some may not be covered at all.

Some of the common procedures that are frequently not covered by insurance plans include:

- Refraction –quantifying your need for glasses
- Contact lens services – evaluation, fitting, follow-up for your contact lenses
- Optomap –assessing and digitally documenting your retinal integrity
- Glasses or contacts – material cost for your visual correction
- CLPS – Contact Lens Professional Services

Please feel free to ask questions about our fees or services, and we will do our best to reference our answers relative to your insurance plan. More specific answers can be found in your individual policy, or in consultation with your carrier.

## FINANCIAL POLICY INFORMATION

As a courtesy, if you are covered by an insurance carrier for which we are participating providers, we will submit your primary insurance claim to your carrier for the portion we estimate as their responsibility. Although we may be participating providers with these carriers, individual plans can vary depending on your specific group coverage. If we do not receive payment from your insurance company in a timely manner, you will be responsible for any outstanding balance. All co-payments, deductibles, and non-covered portions of your balance are due at the time of service.

We will not bill insurance plans after the date of service. Therefore, we require that all insurance information be established prior to services being provided. Additionally, **we no longer bill secondary insurances; this will be your responsibility.**

If you have no insurance coverage at all, we require **payment in full for all services at the time of service.** A prompt-pay discount is offered for services when no insurance paperwork is involved. **A 50% materials deposit is required to order glasses or contact lenses, with the balance due at dispensing of the materials.** Certain insurance plans allow you to be reimbursed for your out-of-pocket expenses by submitting the provided receipt with your claim form directly to your insurance company.

All accounts thirty days past due will be turned over to Choice Recovery, Inc. You will be liable for all legal and collection fees.

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I acknowledge that I received a copy of Family Vision Care's Notice of Privacy Practices. I authorize the release of any medical or other information necessary to process any claims arising from services and materials provided. I also request payment of government or private insurance benefits to the physician accepting assignment for services and materials provided. I also understand that I assume all financial responsibility for this account for any amounts due, regardless of insurance coverage, and acknowledge that I am liable for all legal and collection fees on past due accounts.

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Signature

\_\_\_\_\_  
Date

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Relationship to Patient