



**MEDICAL VISION TECHNOLOGY  
OPHTHALMOLOGY GROUP, INC.**

1700 Alhambra Blvd., Suite 202  
Sacramento, California 95816

1830 Sierra Gardens Dr., Suite 100  
Roseville, California 95661

**Financial Policy**

Thank you for choosing Medical Vision Technology for your eye care. Our goal is to provide you with the highest quality medical services. This statement outlines our policies regarding billing, payment, and privacy. Please read and sign this statement before you receive treatment from our practice.

**PAYMENT FOR ROUTINE VISION EXAMS AND REFRACTIONS ARE DUE AT THE TIME OF SERVICE**

**WE ACCEPT CASH, CHECKS, VISA/MASTERCARD & DISCOVER; AMERICAN EXPRESS, DEBIT CARDS.**

*We reserve the right to reschedule routine appointments when payment is not available at time of service.*

**Patients are responsible for making sure the services they received are paid for.** We contract with many but not all insurance plans. Please check your Insurance Handbook, website or contact your Insurance Company directly. If you receive treatment from a doctor that is not contracted with your insurance, the insurance may pay a lower rate or not pay anything at all. Taking a copy of your insurance card or accepting a co-pay does **NOT** mean we accept payment at a contracted rate. You must provide us with your current insurance card(s) **at the time of your visit**. You are authorizing us to release all information necessary to secure payment for benefits. We will bill your insurance company for you, but cannot promise the charge will be paid in full by your insurance carrier. Patients are responsible for all deductible payments and patient balances that remain after the insurance company has responded to the charges associated with your service date. All charges are ultimately the patients responsibility.

**We accept these vision plans: Vision Service Plan, Medical Eye Services, EyeMed, and Superior Vision.**

When scheduling your appointment, please provide us your coverage information so we can obtain prior authorization. Vision insurances will cover a routine eye exam and may also offer a material benefit which covers a portion of your glasses or contact lens expenses. At the time of your visit, you are responsible for any co-pays and non-covered charges. **Refractions** are the portion of the eye exam that determines the prescription for glasses and is not covered by most medical health insurance plans, including Medicare. The charge for the refraction is 45.00. Vision plans cover refractions. If your eye exam results in a medical diagnosis, we will coordinate benefits through your medical health insurance first and bill the vision insurance for the refraction.

**Your co-pay must be paid at the time of your visit.** Your Insurance Company mandates that we collect co-payments at the time of your visit

**We are pleased to see private-pay patients.** If you do not have insurance, please be prepared to pay for your visit at time of service. If you are referred to us for an emergency and will not be able to pay for your visit, please ask to speak with our Billing Office when making your appointment. If you have other special circumstance, call our office *at least 24 hours before your appointment. We will work with you.*

**We expect you to keep your account current.** If your insurance company has not paid your medical claim within 60 days of service, you will be billed for the balance on your account. If you are unable to make a payment, please be sure to contact our Billing Office. All accounts past due for 90 days are sent to a professional collection agency.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date