

NORTHWEST VISION CLINIC

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INSURANCE, BILLING, AND FINANCIAL RESPONSIBILITY

Below you'll find some information that might be helpful in understanding the insurance and billing process. Insurance can be confusing, especially as it relates to eye exams and glasses. For example, some eye exams are covered by **vision insurance** and others are covered by **medical insurance**. Sometimes, exams are covered every year but glasses are covered every two years.

Vision insurance typically applies to a periodic eye examination and corrective eyewear (glasses and contact lenses). **Medical insurance**, also referred to as **health insurance**, will apply when there is an eye health concern, e.g. glaucoma, cataracts, diabetic retinopathy, foreign body, dry eye, floaters, flashes of light, etc.

It is common to have medical insurance through one company and vision insurance through a different company. Occasionally, we may be a preferred provider for one and not the other. This isn't always made clear by your medical carrier. Also, we can be a preferred provider for a certain plan with an insurance company but not for another plan with the same insurance company. We are providers for VSP, Regence, Premiera and many others. Please feel free to ask us about your plan.

Before your appointment:

To minimize insurance surprises, please call your insurance company prior to making an appointment and ask the following questions:

1. Does my policy provide a vision benefit?
2. If so, who is the vision insurance carrier?
3. Is it for eye exams only or is there a benefit for hardware also (frames, lenses, contact lenses)?
4. What are the dollar limits for each benefit and how often are they provided?
5. Is the vision benefit subject to a deductible?
6. Is Northwest Vision Clinic or Dr. Mark Balter a preferred provider with my plan? If not, is there an out-of-network benefit? (You may choose to be seen by Dr. Balter if we are not a preferred provider on your plan, but your share of the bill may be greater.)

It is a good idea to also become familiar with your medical insurance co-pay and the status of your deductible. If you have a complaint about your eyes that is medical in nature or have a previous condition that needs follow-up, the focus of your visit may be on the treatment of the condition, and if so, your visit will be billed to your medical insurance company.

Sometimes, a well-meaning insurance company representative will misinterpret the benefits, so be sure to make a note of the name of the person with whom you spoke as well as the date and time. **Insurance companies advise that their verification of benefits is not a guarantee of payment and that the final determination will be made when the claim is processed**, but it can be helpful to have the name of the person with whom you spoke if there is a dispute.

Information available to you online can also be inaccurate. The written contract you have with the insurance company is the best source of information, but your Human Resources Department, your employer, and your broker/agent can be helpful, too.

If you need an appointment for a medical condition, your plan might require prior authorization, pre-certification or a referral. You will need to obtain this before scheduling your appointment.

At the clinic

Please bring ALL of your current insurance cards to your appointment. We make a new copy of your cards to ensure appropriate insurance billing. Please bring these even if you believe your insurance has not changed since your last regular exam with us. ***Sometimes, the medical insurance is the same, but the vision insurance has been changed or even eliminated. And sometimes, the insurance is the same but the ID number has changed.*** If you are **not** the subscriber, please also have with you the subscriber's name, last four digits of their social security number, and their date of birth.

Please be prepared to pay:

- Your co-pay, co-insurance and/or deductible
- Any outstanding balance from previous care or purchases
- The full amount of the bill if your insurance company will pay you directly instead of sending payment to our office. This might be the case if we are not a preferred provider with your plan.
- The full amount of the bill if we are unable to confirm the terms of your insurance coverage. If we receive an insurance payment for your visit, we will promptly refund the amount of the overpayment to you.

As a courtesy, we do our best to verify your insurance eligibility and benefits prior to your appointment with the information you provide to us. We will happily bill insurance on your behalf, but ultimately the bill is your responsibility.

After your visit

Following your visit, your insurance company will send you an Explanation of Benefits (EOB) itemizing the amounts paid, any non-covered or denied amounts, and the remaining balance you are responsible for paying to Northwest Vision Clinic. We will receive a similar notice, sometimes much later, and we will then mail a statement to you for any balance. If you have questions after reviewing your EOB and comparing it to the statement you receive from us, please don't hesitate to call our office for clarification.

If you receive a request for information from your insurance company, please respond promptly as they will delay payment until they have the information they need or may deny payment if you wait too long. If you receive a statement from us, we kindly request that you pay within 30 days to avoid a monthly service charge. We reserve the right to send any account more than 90 days past due to a collection agency. Exceptions are made on a case-by-case basis, so please call us at 206-789-7417 and ask for Matthew if you need to establish a payment schedule.