

**Payment Policies for Patients Using Third Party Payment**

- As a neuro-optometric clinic that works with patients who have suffered concussions and other brain injuries, **the Learn to See Vision Clinic is willing to submit claims to third party payers (auto insurance/ worker’s comp).**
- **Patients must provide detailed information regarding processing payment claims at the time of their first evaluation appointment.** The Learn to See Vision Clinic will submit these claims in a timely manner for payment.
- **60 days after the submission of claims, if the Learn to See Vision Clinic has not received payment from the third party, the responsibility for payment will be placed on the patient for payment in full.**
- **At any time the third party declines payment for past services, the responsibility for payment will be placed on the patient for payment in full. Continuing services are then the patient’s responsibility as a fee for service due at each appointment.**
- The Learn to See Vision clinic provides a comprehensive report following the initial evaluation. **Due to the volume of requests to complete additional forms and progress reports from health insurance, workers compensation, disability insurance, etc., these tasks are done with an additional charge** to compensate the doctor for time spent compiling and completing the necessary information. Time spent on these tasks will be charged to the patient at a rate of \$100 per hour in 15 minute increments.
- In the event that an auto insurance company or worker’s compensation company is denying payment, **the Learn to See Vision Clinic will provide the necessary information requested by your legal representation** (such as the exam form, report, diagnosis codes, previous unpaid invoices, statements, etc.) If any further reports or special forms are needed for any reason including requests by disability insurance these will be provided at an additional fee.
- **The Learn to See Vision Clinic is not a provider for any health insurance company,** although several insurance companies may cover some of the procedure codes. It will be the patient’s responsibility to submit the out of network claim and be reimbursed from their own health insurance company. **The clinic will provide the necessary documentation to submit the claim, including paid invoices, paid fee slips.** The fee slip includes date of service, fees paid, procedure codes, diagnosis codes, and my Federal Tax ID number.

**A credit card number is required on file for charges not covered by third parties. The patient is responsible for payment in full and will be notified before their credit card is charged.**

Credit Card Number: \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

**By signing below I understand the policies stated above and agree to adhere to them throughout the vision rehabilitation program.**

Patient/Parent \_\_\_\_\_ Date \_\_\_\_\_

**TBI Patient Insurance Payment Information**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**DOI** \_\_\_\_\_ **Claim #** \_\_\_\_\_

**Payment Source** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Email** \_\_\_\_\_

**Preferred Method of Sending Claims**      **Fax / Mail / Email**

**Additional Important Information (including disability insurance, employer requirements, worker's comp, auto insurance, lawyer, military, etc.)**