



PATIENT RESPONSIBILITY & FINANCIAL AGREEMENT

FINANCIAL RESPONSIBILITY: I assign any benefits to Yakima Eye Specialists, PLLC that I may have for reimbursement for my medical treatment received by Yakima Eye Specialists, PLLC, which I may be entitled to from any insurance coverage, worker's compensation benefits, disability benefits, and all settlements, judgments and verdicts against any liable third party. I also understand and agree to pay a \$30 fee incurred for any returned checks.

PROOF OF INSURANCE: All patients must provide valid and up-to-date proof of insurance coverage and a copy of your driver's license. If you provided incorrect or expired insurance information you will be responsible for the balance of the claim. Insurance denials for termination of coverage will be automatically billed to you.

ALL PAYMENTS ARE DUE AT THE TIME OF SERVICE: While Yakima Eye Specialists, PLLC, as a courtesy to patients, will bill most insurance companies. If your insurance company fails to pay all or part of your bill, you are responsible for all charges. Knowing your insurance benefits-including eligibility, and covered benefits is your responsibility. Please contact customer service at your insurance company for questions you may have regarding your coverage. By signing this agreement, I agree to accept full responsibility of all Yakima Eye Specialists, PLLC charges.

If you do not have insurance, we offer a 10% discount when the charges are paid in full at the time of your exam. If you are unable to pay in full you will be required to pay half of the charges on the day of the exam and then a monthly payment of at least 10% of the balance.

CO-PAYS: co-pays are due at the time of service. If you are unable to pay your co-pay, you will be charged a \$10.00 billing fee.

I have read and understand the payment policies set forth. I understand my responsibility for payment of my account with Yakima Eye Specialists, PLLC and have provided to the best of my ability the information requested accurately and completely.

Signature

Date

Printed Name