CHERRY CREEK EYE PHYSICIANS AND SURGEONS, PC
Stuart A. Lewis, MD & Tammy Gray, OD, Rachel Lewis, OD

FINANCIAL POLICY AND PATIENT AGREEMENT
LIFETIME AUTHORIZATION

This is the financial policy of the Cherry Creek Eye Physicians and Surgeons (Practice), which we require to be read and signed prior to treatment:

Payment is due at the time of service. Acceptable forms of payment are cash, check, VISA, MasterCard, and Discover. Payment not made at time of service is considered past due when the patient leaves the facility. Responsibility for payment for services to dependent children rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals.

Regarding insurance, the patient must recognize that he or she is responsible to pay the full amount for all services unless the Practice has an agreement with the patient's insurance carrier for alternative payments. As a courtesy to patients, the Practice will file insurance claims with all standard insurance carriers. The patient is responsible to make available to the Practice complete insurance information, for accurate filing of claims. Insurance information includes referrals from other providers for primary and secondary insurance coverage, all identification and benefits cards/documents. The patient agrees that if the insurance company denies benefits for any reason or if payment is not received from the insurance carrier within 45 days of the submission of a claim, the patient is responsible for the full amount of the bill immediately.

The Practice's policy on accepting insurance payments varies based on the type of insurance as follows:

- **Indemnity-type Insurance –** Insurance payments received by the Practice will be applied to the patient's account and the patient agrees to pay the balance. We will estimate the patient-responsible portion of the bill at the time of service, and payment of that amount is expected at the time of service. Co-Payments are due at the time of service and are collected before service is provided.

- **HMOs and PPOs –** If the Practice has an agreement with the patient's insurance carrier, we will accept payment from the carrier for services covered by the patient's benefit plan. Co-Payments are due at the time of service and are collected before service is provided. For services not covered by the patient's benefit plan, payment is due at the time of service.

- **MEDICARE –** The Practice accepts assignment from Medicare. Therefore, the patient agrees to pay the Practice 20% of the Medicare allowable amount for services plus any amount of the patient's deductible that is not yet paid and any service not covered by Medicare.

By the agreement, the patient also authorizes the exchange of information relating to care and claims with the patient's insurance company(s) and authorizes insurance payments to be made directly to the Practice for services provided under the patient's insurance agreement and otherwise payable to the patient.

The patient hereby acknowledges and agrees that any account that becomes delinquent will be forwarded to a collections service. In the event of default, I agree to pay all collection agency fees as well as 35% of the outstanding balance, and any reasonable attorney's fees. I hereby authorize this provider and its agents, and assignees to contact me via e-mail and text messages to my cellular device. I consent to the Agency of Credit Control and its assignees to communicate with me by fax, e-mail, and other means. I understand that any unpaid balance will be assessed interest at the rate of 18% (1.5% monthly.)

I, THE UNDERSIGNED, HAVE READ THIS LIFETIME AUTHORIZATION, UNDERSTAND ITS CONTENTS, AND AGREE WITH ITS CONDITIONS.

_____	_____
Patient's Printed Name	Patient or Legal Guardian's Signature
_____	_____
Patient's Social Security #	Date