EYE FOUNDATION of UTAH

FINANCIAL POLICY AND AGREEMENT

Thank you for choosing The Eye Foundation of Utah as your eye care provider. The following is an explanation of our Financial Policy and Agreement, which you must agree to and sign prior to any medical evaluation or treatment.

- Your bill is your responsibility whether or not your insurance company pays your claim.
- Your insurance policy is a contract between you and your insurance company.
- Insurance co-payments, out-of-pocket deductibles, or co-insurance is required at the time of service.
- Each patient is responsible for providing all insurance policy information and changes to our office.
- This office will submit claims to your insurance carrier as a courtesy.
- You may need to contact your insurance carrier regarding slow or non-payment of your claim.
- Accounts not paid by your insurance within 60 days must be paid by you without further delay.
- Patients who have no insurance are required to pay 100% of services rendered at each visit. We accept cash, checks, major credit cards, and CareCredit.
- A monthly finance charge may be charged to your account not paid after 60 days. (21% annual rate)
- Any delinquent balance will be referred to an agency or attorney for collection or suit with fees/costs due accordingly.
- A \$15.00 fee will be charged on all returned checks.

X		Date	
Patient or Responsible Party			
	AUTHORIZATION TO PAY BE	NEFITS	
I authorize and direct said agency, atto insurance payments in my case direct rendered. It is understood that the sign	ly to the physicians of The Eye I	oundation of Utah for their profe	
x	x	Date	
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NOTICE OF PRIVACY PRACTICES

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you in the process of providing treatment, seeking payment or carrying out our own health care operations. This notice contains a Patient Rights section describing your rights under the law. A copy of the current notice and effect will be posted. Each time you receive treatment or healthcare services you may request a copy of the current notice. I acknowledge that I have been offered a copy of the Eye Foundation of Utah's Notice of Privacy Practices.

x	Date	