

ALL OTHER INSURANCES:

MEDIPAK ADVANTAGE PLANS: Since January of 2007, Medicare implemented prescription drug coverage for patients. These plans are now administered by companies other than Medicare. These plans basically are reimbursed following Medicare's guidelines, but most require a co pay by the patient **for every office visit.** Some Medipak Advantage plans offer additional coverage for glasses and contacts. **These companies do not give our clinic a manual or much information on coverage, and do not even require an application from doctors as long as they are Medicare providers. They also change coverage options frequently.** As with all other insurance, it is the patient's responsibility to know what their benefits are **before** their office visit and to present this information to the front desk.

1. For MEDIPAK ADVANTAGE PLANS and all other insurances excluding Medicare:
 - **It is almost impossible for any clinic to keep up with all the plans and coverage, and to get through in a timely manner to a knowledgeable customer service representative. Therefore it is the patient's responsibility to know what their benefits are before their office visit and to present this information to the front desk.**
 - **Even if a staff member does call and speak with a representative, it is not a guarantee of coverage and payment.** If the claim is denied or deductibles have not been met, **the patient is responsible for the claim balance.**
 - **No insurance patient's account is ever 'paid in full' until all claims have been filed and our office has received payment.**

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- **Always bring your insurance cards with you and give them to the front desk to be copied and put into your file for each yearly examination or when you have changed insurance carriers. If you do not have your cards with you, you will need to pay for services in full. Failure to have current insurance cards on file results in the patient being billed, as the claim will be denied.**

2. PATIENTS WITHOUT INSURANCE:

- **The clinic expects payment in full at the time services or goods are provided.**

I agree that in return for the services and/or goods provided by Dr. Yoos Eye Care & Optical, I will pay my account at the time services or goods are rendered. Any benefits of any type under any policy of insurance insuring the patient, or any other party liable to the patient, are hereby assigned to Dr. Yoos Eye Care & Optical. If co-payments and/or deductibles are required by my insurance company or health plan, I agree to pay them to Dr. Yoos Eye Care & Optical. *However, I understand that the undersigned and /or the patient are primarily responsible for the payment of my bill.*

Beneficiary Signature or Authorized Signature

Date