



Chad Cleverly, O.D. • Justin Denison, O.D. • Amanda Moore, O.D.  
3293 N Milwaukee St • Phone: 208-322-2020 • Fax: 208-322-1192

- I acknowledge I have reviewed/been given the opportunity to review the **Notice of Privacy Practices**. (Copy available upon request.)
- I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services. I request that payment of authorized insurance benefits for any services furnished me, be made on my behalf to Boise Vision Care, P.A.
- Services are rendered and charged to the patient, not the insurance company. We are happy to file a claim for you, but we cannot accept responsibility for collecting or negotiating a settlement on a disputed claim. Fees not paid by your insurance company and insurance balances aged 90 days will be your responsibility. Unpaid patient balances aged 60 days or more will incur a minimum \$5/maximum 5% monthly finance fee. Patient balances aged 90 plus days will be turned over for collections.
- Boise Vision Care has attempted to verify my benefits using information I provided. My insurance company does not guarantee any benefits to Boise Vision Care. I am responsible for knowing my benefits and selecting my healthcare provider, whether in or out-of-network.
- **Once an order is started by the lab, it cannot be canceled. The patient is responsible for the balance**

#### **Notice of Possible Non-Covered Services**

- This notice is to inform you that your health plan may not cover the service fee(s) listed or materials for the following reason(s):
  - The service(s) are excluded under your plan.
  - Any overages on materials or material fees that are not covered under your plan.
  - Prior authorization is required and has not been received or has been denied.
  - \* Subject to insurance policy deductible, co-pay or co-insurance.

Comprehensive Exam, New 92004 \$164.00 - Comprehensive Exam, Established 92014 \$147.00

Intermediate Exam, New 92002 \$115.00 - Intermediate Exam, Established 92012 \$113.00

Refraction 92015 \$45.00 - Contact Eval 92310 \$47.00 - Retinal Screening 92250-52 \$39.00

\*Diabetic Retinal Screening 92250-52 \$39.00 - \*Medical Retinal Photo 92250 \$108.00

**By signing, I acknowledge that I have read and understand each statement. I verify that all personal information is correct and that I will have access to my prescriptions.**

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Adult Signature: \_\_\_\_\_