Southern Montana Optometric Center

Consent, Payments & Insurance

I consent to examination, treatment and procedures which may be performed during office visits including emergency treatment considered necessary by the physician.

I understand that I am financially responsible for charges whether or not paid by my insurance. I understand that should I default on payment of my account and collection agency services are required, all cost of collection including attorney fees will be added to the balance of my account.

Signature: _____ **Date:** _____

How do you plan on settling your account today? ☐ **Cash** ☐ **Check** ☐ **Credit Card** ☐ **Flex Account** ☐ **Cherry Finance**

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I request that payment of authorized insurance benefits for any services furnished me be made on my behalf to SMOC. I authorize any holder of medical information about me to be released to my insurance company and its agents to determine these benefits or the benefits payable for related services.

Signature: _____

Please be advised if you are using insurance or a vision plan for today's visit, this is contract between you and your insurance company. For insurances that we are not participating providers for, you are required to pay the full balance at the time of service.

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To assist you in filing your Insurance Claims- Please present these when checking in.

1. A Photo ID of the patient or parent/guardian
2. A current copy of your insurance card (needed each visit)
3. For minors not accompanied by a parent- Please have:
   - a permission to treat a minor form (on our website) **or**
   - an authorization of guardianship **or**
   - health care power of attorney authorization.

Unfortunately, we cannot be expected to know your insurance.
It is a violation of HIPPA rules to look up someone else's coverage to determine yours.

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All insurance co-pays & deductibles must be paid at the time of service.

- Regardless of the type of insurance you have we cannot waive this policy.
- Insurance claims will not be submitted until the balance is paid.
- We will not order any materials unless all the co-pays, deductibles & balances on the order are paid in full.
- Orders will be held until paid on all contacts, frames or lenses.