

VISIONS NORTHWEST

Dr. Steven Bird
1315 Fourth Avenue
Seattle, Washington 98101

INSURANCE BILLING & PAYMENT POLICY

As a courtesy to our patients, we will bill all major medical insurance companies that allow us to do so. We request that you furnish us with complete billing information at the time of your visit. If that information is not given or is incorrect, you will be responsible for the balance in full.

In the event that a secondary insurance policy is present, we will supply you with the necessary information for you to submit a billing to them.

WE DO NOT BILL SECONDARY INSURANCE

At the time of your visit we request that you pay your copay, deductible or any other balance not covered by your insurance.

At the time of your visit we call the insurance company for a review of your benefits. However, ***THIS IS NOT A GUARANTEE OF PAYMENT. FINAL DETERMINATION IS MADE WHEN CLAIMS ARE RECEIVED AND EVALUATED BY THE INSURANCE COMPANY.*** You are ultimately responsible for the bill and payment in full is required within thirty (30) days from the original date of service.

RELEASE OF BENEFITS & INFORMATION

I authorize my insurance benefits to be paid directly to the doctor's office. I am financially responsible for any balance due above and beyond those benefits. I authorize the doctor or insurance company to release any information required for this claim.

Signed: _____

Subscribers Name: _____
Insurance Company: _____
ID Number: _____
Date of Birth: _____
Employer: _____

ACKNOWLEDGEMENT OF PRIVACY PRACTICES

I acknowledge that I have read and understand *Steve Bird O.D.'s* Notice of Privacy Practice (HIPPA).

Patient Name: _____
Signature _____ Date _____