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At Poudre Valley Eyecare, we are committed to being open and candid about our office and financial policies before your examination. We hope that providing these policies will help avoid any misunderstandings and give us more time to focus on your eye care. If you any questions, please do not hesitate to ask-we are here to help!

Please initial on each line that you have read acknowledging that you understand each policy:

General and Financial Policy

_____ Payment is due at the time services are rendered. We accept cash, checks, MasterCard, Visa, Discover, and Amex

_____ Regarding insurance plans where we are a participating provider: all co-pays and deductibles are due the day of service. I understand that I am obligated to pay the full charges of all services rendered to me by Poudre Valley Eyecare if I belong to a plan of which Poudre Valley Eyecare is not a participating provider. I understand that all professional fees are non-refundable.

_____ I understand that Poudre Valley Eyecare contracts with health care service plans that specify items and services which are "covered" by the health care service plans. Accordingly, I accept full financial responsibility for all items or services which are determined by the health care service plans not to be covered. I understand that it is the policy holder's responsibility to determine what services are covered and not covered by the insurance plan. I understand that the explanation of benefits given by an insurance company is an estimate of covered services, not a guarantee of payment. I may be responsible for the portion they do not cover, payable on the day I receive service.

_____ (FOR VISION PLAN PATIENTS, INCLUDING VSP, EYEMED, AND SPECTERA) I understand that my vision plan typically covers a routine eye examination. I understand that, based upon my medical history, chief complaint, and exam findings, the Doctor may find it necessary to bill the exam medically as well as order additional tests. The Doctor will notify the patient if medical billing becomes necessary. Exams billed medically are not covered under routine eye exam benefits or vision insurance plan. If a medical issue exists, the exam will be billed through my Medical Insurance Carrier and is subject to their specific copays, deductibles, and co-insurance which will be due at time of service.

_____ (FOR CASH PAY ONLY) Poudre Valley Eyecare offers discounts for cash paying patients for routine, "Healthy Eyes" examinations only. I understand that, if a medical diagnosis is found and addressed during this examination, these discounted rates may not apply.

Notice of Privacy Practices (HIPAA)

_____ I understand that this office is HIPAA compliant and acknowledge that the HIPAA policies are posted and available for me to read. Upon my request, a staff member would be happy to provide an individual copy of the Privacy Practices. I acknowledge that I have read and understand the Patient Privacy Rights Information.

I have read and agree to the financial and office policies of Poudre Valley Eyecare

Patient Signature

Date