



Cascade Eye and Skin Centers, PC Patient Financial Responsibility

Thank you for choosing Cascade Eye and Skin Centers, PC (CESC) for your care. We are committed to providing you with quality, affordable health care. We have prepared the following information to help you understand how we work together to make sure you have the information you need to meet your financial responsibilities for the care and services you receive.

Know which services your insurance will cover

Health insurance coverage is a contract between you and your insurance company. To ensure there are no surprises, it is best if you know which services your insurance will cover before you receive care. If you are unsure about your coverage, please refer to your insurance card to contact your insurance company directly. If you are uninsured or provide incorrect information regarding your insurance plan, you will be responsible for the full cost of the services you receive.

Insurance billing

- **Contracted coverage** CESC contracts with most major insurance companies. If we are in your health plan's network, our Business Operations office will submit claims to your insurance company for any medical service you receive from us. Any cost shares are due at the time of service as outlined in the Copayments, deductibles, and other patient cost shares section below.
- **Non-contracted** If CESC does not contract with your insurance plan, we may bill your insurance as a courtesy to you for out of network benefits or offer a 10% discount. Payment is required at the time you receive care.

Copayments, deductibles, and other patient cost shares

All cost shares are due at the time of service. This includes co-pays, deductibles, and non-covered services. Any patient amounts not collected at the time of service will be billed to you directly. The total amount you owe will be determined by your insurance when your claim is processed. It is important to know that even if a service is covered, your insurance plan might not pay the charges in full.

Care or services not covered by your insurance plan

Not all services are covered by insurance plans. Services you receive might not be covered in full or considered medically necessary by your insurance plan. You are responsible for the full cost of uncovered services. We will usually ask your insurance company to approve services in advance if there is any question about coverage. If you receive a service that is not covered, we will expect payment in full at the time of your visit.

ESL / Translation Services

If you require translation services and you no show or cancel your appointment without proper time to void the service, you will be responsible for payment in full for these services.

Missed appointments

If you miss an appointment, or do not cancel your appointment within 72 hours, CESC reserves the right to collect a cancellation fee, depending upon the type of service. Your insurance will not pay these fees. They are your responsibility and will be billed directly to you.

No Shows

As a courtesy to our office as well as to those patients who are waiting to schedule with our office, 2 consecutive no shows and/or a pattern of same-day cancellations will result in a discharge from our practice. CESC reserves the right to collect a fee if you do not show up for certain scheduled services such as surgery or in-office procedures. Fees may be assessed based on appointment type; see policies outlined below for the Cosmetic Center, Plastic Surgery, and Surgeries performed in Cascade Laser and Surgery Center for more information.

Billing

If payment for services already rendered and not paid within 30 days, either by you or your insurance company, the remaining balance is considered due and must be collected from you. We accept checks, cash, credit/debit cards at check in, or payment online at cascadeeyeskin.com. We will attempt to collect from you for up to 3 bill statements, via mail or text. Failure to pay your balance in full will result in your account being referred to a collection agency. If your account is referred to a collection agency you will be responsible for a \$20 or 25% collections fee, whichever is greater. CESC will not schedule a future appointment until your account is paid in full.

Returned checks

CESC accepts personal checks as a form of payment. If a check is returned by your financial institution, we require a different payment method, such as cash, money order or credit or debit card, for future services and payments on your account. There is a \$30 fee for any returned check.

Overpayments

Before we refund a credit balance or overpayment on your account, we will apply that amount to any outstanding balances for you or any dependent. Refunds are processed by check or credit/debit card originally used for payment.

Unable to pay

If you are having difficulty paying your bills, we offer two options to assist you.

- **Payment Plan:** To see if your account qualifies for a payment plan, please contact our Business Operations Department at 253-770-2920.
- **Healthcare Credit Card:** We take Care Credit as an option to pay. To apply you can go to carecredit.com or call (800) 677-0718.

Refractions

A refraction is the process of determining if there is a need for corrective eyeglasses or contact lenses. It is an essential part of an eye examination and necessary to write a prescription for glasses or contact lenses. **Most medical insurance plans, including Medicare, do NOT cover routine refractions or routine eye examinations.** If you have a separate **vision plan** that covers routine or annual eye examinations and/or glasses, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan.

Medical and Vision Eye Exams

Your vision insurance is intended to provide you with a baseline eye evaluation and update your glasses prescription only. If the doctor discovers a medical eye problem during a routine exam, the doctor will inform you that your visit is now a medical exam, and it will be billed to your medical insurance. If you have an eye condition such as but not limited to diabetes, cataracts, macular degeneration, glaucoma, dry eyes, or cornea problems, this examination will be billed to your medical insurance.

Cosmetic Center

Cosmetic Procedures are not covered by insurance.

A credit card is required to book appointments with an aesthetic provider (i.e., MD, PA, or NP) to hold your appointment.

Consultation Fee

- Appointments with an aesthetic provider (i.e., MD, PA, or NP): A \$150 non-refundable cosmetic consultation fee is due at the time of service. When you decide to book your treatment or surgery, the consultation fee will be applied towards the procedure.
- Appointments with a master aesthetician: A 30-minute consultation is complementary with our master aestheticians. In the event you do not show up for your consultation or cancel within the 24-hour window, a \$50 consult fee will be collected at the time of service for any future consultation appointments.

Cosmetic No-Show and Cancellation Policy.

- Appointments with an aesthetic provider (i.e., MD, PA or NP). In the event you do not show up to your nonsurgical appointment, or cancel within the 24-hour window, a non-refundable \$100 no-show fee will be charged to the credit card you supplied on file and or billed. If you wish to rebook the appointment, a \$150 cosmetic deposit fee would be charged at the time of scheduling for all future appointments and will be deducted at your service.
- Appointments with a Master Aesthetician. In the event you do not show up to your nonsurgical appointment, or cancel within the 24-hour window, a non-refundable \$50 no-show fee will be charged to the credit card you supplied on file.

Retail & Prescriptions

- No returns are accepted on Prescriptions.
- No returns are accepted on retail unless the retail item is defective or allergic reactions. In the result of a reaction, a product reaction form must be completed for return.

Surgery – Eye and Dermatology

- **Appointments:** Please plan to pay any copayment/co-insurance, deductibles, and cost of non-covered services 14 days prior to surgery or at your pre-op appointment. The amount is based on your specific insurance plan benefits. A Good Faith Estimate is provided based on available information regarding benefits at the time quoted. Final pricing is determined when services are rendered, and final out of pocket after insurance is determined by your insurance plan after claim is processed. It is important to know that even if a service is covered, your insurance plan might not pay the charges in full.
- **Reschedule/Cancellation:** If you miss a scheduled surgery, or do not cancel your surgery 7 days prior to your appointment, you will be charged up to a \$250 fee. This fee is your responsibility and will be billed directly to you.

Plastic Surgery

Plastic Surgery may or may not be covered by insurance.

Consultation Fee

- Appointments with a Plastic Surgeon: A \$75 non-refundable plastic surgery consultation fee is due at the time of service. When you decide to book your treatment or surgery, the consultation fee will be applied towards the procedure.

Surgery Deposits

- All Plastic surgery appointments do require a non-refundable deposit of \$1000 to secure a surgery date. This non-refundable deposit is applied to the cost of surgery. If scheduling surgery within two weeks of consult date, payment is due in full.
- Any functional, medically necessary, combined surgery with an elective cosmetic procedure, Cascade Plastic Surgery will bill medical insurance for any functional procedure. Any co-pay, co-insurance or deductible is expected to be paid in full no later than 2-weeks prior to surgery. Any elective cosmetic procedure to be performed on same day, this payment will be due no later than 2-weeks prior to surgery.
- Additional fees / deposits may apply and will be discussed at consultation

Plastic Surgery No-Show and Cancellation Policy

- Consultations: In the event you do not show up to your plastic surgery consultation, or cancel within the 24-hour window, a non-refundable \$50 no-show fee will be charged to the credit card you supplied on file and or billed. If you wish to rebook the appointment, a \$75.00 plastic surgery consult deposit fee would be charged at the time of scheduling for all future appointments and will be deducted at your service.
- Failure to show for surgery and any cancellation, less than 4 weeks from surgery date without an approved, medically acceptable reason, there will be an additional \$500 deposit collected to reschedule.
- Combined functional / cosmetic procedures, if cancellation of a portion of this surgery is cancelled within 2-weeks of the surgery, no refund will be provided for any portion paid for that procedure.

Anesthesia

CESC utilizes a 3rd party, Rainier Anesthesia, for all anesthesia services for surgery. You will need to contact them directly for out of pocket costs and to confirm insurance coverage.

Adult Financial Responsibility for Minor

An adult who brings a minor (under 18 years of age) to CESC for care or services, or the parent or legal guardian, is responsible for any payments that are due at the time care or services are received. If a responsible adult is not present or payment has not been arranged in advance, treatment that is not urgent may be rescheduled.

Consent to Contact

When you receive this Patient Financial Responsibility policy at CESC and sign the Acknowledgement of Receipt, you consent to being contacted by CESC or any organization to which CESC assigns your account, about any matter related to your account, using current contact information or any new information that you provide. We might contact you by U.S. mail, email, or telephone, including cell phone, and might use technology including autodialing and/or prerecorded messages to contact you.

Completion of Form(s)

A fee of \$20 is required for any non-insurance related paperwork to be completed by a provider. The fee is due upon request of form completion and the request will be completed within seven (7) calendar days.

Disruptive Behavior

Please understand that CESC has a “zero tolerance” policy for disruptive behavior, which includes any behavior that makes it difficult for the CESC team to provide services. Disruptive behavior includes making discriminatory or threatening remarks to the care team or other patients and visitors. This policy protects all patients, families, visitors and CESC employees and providers. Please report any disruptive behavior to your care team. We ask that you take all steps that are reasonable to avoid participating in any disruptive behavior. Individuals engaged in disruptive behavior may be precluded from calling, visiting, or otherwise participating in office care.

Questions?

Please contact our Business Operations Department at 253-770-2920 if you have questions about anything in this policy.