WESTON
EYE CENTER

2435 NW Kline St.
Roseburg, OR 97471

541-672-2020
541-673-8084 fax
1-800-842-2030
westoneyecenter.com

Jon-Marc Weston, MD, FACS
Steve Tronnes, OD, FAAO

OFFICE PAYMENT POLICY

CO-PAYMENTS: Due each office visit prior to seeing the doctor. This amount is determined by your insurance company.

REFRACTION CHARGE: One of the most important parts of your eye exam today is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. It is **NOT** a covered service by Medicare and many other insurance plans. These plans consider refraction a "vision" service not a "medical" service. Our office fee for refraction is $47.00 and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

INSURANCE: We will bill your insurance as a courtesy. Your signature gives us permission to bill your insurance. Deductibles, patient balance responsibility beyond insurance, and all balances are due in full at the end of the monthly statement billing.

MANAGED CARE PLANS: I understand that I may need a referral to be seen. I understand that if I do not have a prior authorization from my primary care physician, I am financially responsible for this office visit and services rendered.

SELF-PAY: Payment is due in full at time of service. There is a $25.00 charge on all returned checks.

PATIENT RESPONSIBILITY: Balances are due in full at the end of the monthly statement billing. There is no fee accrued on current accounts, however, I am also aware that delinquent accounts beyond 90 days are subject to other collection means at my own expense, including, but not limited to, a $20.00 per month charge to help defray the cost of a severely delinquent account

NON-COVERED SERVICES: Services not covered by insurance are the responsibility of the patient/guardian and are **due at time of service**. Non-covered services vary between each insurance company.

MISSED APPOINTMENTS: We request a notice of at least 24 hours if you will not be able to keep your scheduled appointment. We reserve the right and will impose a $25.00 fee for repeat missed appointments without a 24-hour notice. After 3rd No Show appointment a letter notifying you of the termination of your care at Weston Eye Center will be sent. Weston Eye Center will provide emergency care for 30 days. You are requested to transfer your records within 30 days.

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