



# Notice of Privacy Practices and Billing

For questions or comments please  
contact:

Chad Cleverly, OD

Boise Vision Care, P. A.  
3293 N Milwaukee St  
Boise, ID 83704  
208-322-2020



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Boise Vision Care

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I acknowledge I have reviewed/been given the opportunity to review the **Notice of Privacy Practices.** (Copy of privacy policy available upon request.)

I authorize any holder of medical information about me to release to my insurance company and its agents any information needed to determine these benefits or the benefits payable for related services. I request that payment of authorized insurance benefits for any services furnished me, be made on my behalf to Boise Vision Care, P.A.

Services are rendered and charged to the patient, not the insurance company. We are happy to file a claim for you, but we cannot accept responsibility for collecting or negotiating a settlement on a disputed claim. Fees not paid by your insurance company and insurance balances aged 45 days will be your responsibility. Unpaid patient balances aged 30 days or more will incur a minimum \$3/maximum 3% monthly finance fee.

Boise Vision Care has attempted to verify my benefits using information I provided. My insurance company does not guarantee any benefits to Boise Vision Care. I am responsible for knowing my benefits and selecting my healthcare provider, whether in or out of network.

Once an order is started by the lab, it cannot be canceled. The patient is responsible for the balance

### **Notice of Possible Non-Covered Services**

This notice is to inform you that your health plan may not cover the service fee(s) listed or materials for the following reason(s):

- The service(s) are excluded under your plan.
- Any overages on materials or material fees that are not covered under your plan
- Prior authorization is required and has not been received or has been denied.
- Subject to insurance policy deductible, co-pay or coinsurance.

Comprehensive Exam, New (92004) \$135.00

Comprehensive Exam, Established (92014) \$119.00

Intermediate Exam, New (92002) \$90.00

Intermediate Exam, Established (92012) \$84.00

Refraction (92015) \$39.00

Contact Eval (92310) \$42.00

Retinal Screening (92250-52) \$39.00

Diabetic Retinal Screening (92250-52) \$39.00

Medical Retinal Photo (92250) \$108.00