Financial and Office Policies

Vista Eye Care

13695 Colorado Blvd., Thornton, CO 80602
Phone: (303) 450-2020 | Fax: (303) 920-1440

Payment
Full payment is due at the time of service. We accept cash, personal checks, debit cards, Visa, MasterCard, Discover, or American Express. We also accept medical Flex accounts, HSA payments, Sunbit, and Care Credit.

Payment Plans
A payment plan is available for materials and services including eyeglasses, LipiFlow, Myopia Management, and custom contact lenses. Please ask a team member for more details.

Eye Care Services
Our office provides full-scope eye care including vision care (i.e. annual comprehensive eye and vision examinations, glasses, and contact lenses) as well as medical eye care services (treatment of eye infections, dry eye, glaucoma, diabetic eye disease, ocular allergies, cataracts, and emergency medical eye care). Payments for all services rendered by this office are the responsibility of the patient. Regardless of the amount or type of insurance you or your employer has purchased, each patient assumes full responsibility of all fees incurred. You are responsible for all charges not paid by your insurance carrier. Depending on the nature of your visit, we may be able to bill your vision plan or your medical insurance. Please present all of your insurance information to reception upon arrival.

Vision Care Plans
We contract with and accept VSP, EyeMed, and other select plans. Vision plans generally pay towards your annual comprehensive eye and vision examination and often provide a material benefit.

Medical Eye Care
We are contracted with Anthem BCBS, UHC, Cigna, Aetna, Medicaid, Medicare, and Tricare. Your medical insurance may be able to be billed for certain eye conditions and procedures that your insurance company deems medically necessary and has included in your policy. Even with this information, it is impossible for our office to determine with any certainty what, if any, charge will be covered by your insurance company. What your insurance company deems medically necessary has no bearing on the quality of care we provide. Our services are aimed at providing you with the best eye care possible, regardless of what insurance you may or may not have.

Patients with HMO Insurance
We do not contract with any HMO's for medical eye care. If you are an HMO member, you should assume that our office is not able to bill your HMO for medical eye care and that payment for services will be due on the day of your visit. If you are an HMO insured patient, you may

elect to see us and pay for our services directly or see your HMO primary care physician for a referral to an in-network provider for care.

Patient's Responsibility
The patient is responsible for any remaining account balance resulting from insurance non-payment or underpayment. A statement will be mailed to you regarding this balance. Payment is due upon receipt.

Materials
We require payment in full for all contact lenses and /or glasses orders at the time the order is placed. The payment balance is due upon delivery. If, after 90 days, the order has not been picked up and the balance has not been paid, you will receive a message that the order will be cancelled, and the deposit will be forfeited if the balance is not paid within the next 15 days. All prescription optical materials are customized and fabricated specifically for each individual patient. Fees for these materials are non-refundable and once ordered, become the financial reasonability of the patient. Eyeglass lenses are custom products and all sales are final.

Returned Checks
We reserve the right to charge interest and/or late fees on past due balances. There will be a $39.00 service charge for any returned checks. Cash, money order, or a credit card will then be required for payment.

Collections Policy
- 30 days – Invoice mailed and due upon receipt
- 60 days – Second invoice mailed
- 90 days – Account overdue
- 120 days – Overdue amount sent to collections (see below)

Collections Service Information
Recovery Ace, Inc.
9250 East Costilla Ave.
Greenwood Village, CO 80112
(720) 370-8746

Online Payment
We accept payment in person, by mail, over the phone, or via our website:
https://myproviderlink.com/vistaeyecare

Professional Services
Any services performed by our doctors or staff are ineligible for a refund.

Contact Lens Prescription
Contact lens wearers will receive a digital copy of their contact lens prescription instead of a paper copy. All contact lens sales are final.

Refractions
A refraction involves using a combination of instruments (objective refraction) and patient input (subjective refraction) to determine the refractive status of a patient. Because a patient's refractive status is expected to change over time, we will re-refract a patient if their last refraction is more than 90 days old for purposes of a contact lens fitting, monitoring of refractive status (i.e. for diabetic or retinal changes), or for any other purpose of monitoring refractive status. Patients are responsible for the cost of this refraction ($75.00).

Missed Appointments
At Vista Eye Care, we pride ourselves in providing our patients with efficient, effective eye care. In order to provide our exceptional level of care for all of our patients, we have created a No Show Policy that applies to all patients who schedule appointments with us. Prior to your appointment, we will provide you with an email reminder, phone call reminder, and text message reminder. We understand that an unforeseen emergency or changes in your schedule may occur, and we ask that you give us a 24-hour notice if you are unable to make it to your scheduled appointment in order to avoid a $25.00 Rescheduling Fee.

Signature Authorization
I request payment of authorized medical insurance benefits be made either by myself, or on my behalf for any services furnished me by the staff and doctors affiliated with Vista Eye Care or to any party which accepts assignment. I understand that I am responsible for any procedures not covered by my insurance company for any reason. I understand that I am responsible for any co-payments, co-insurance, deductibles, and / or contact lens fitting costs.

I authorize the release of any medical information to the authorize third party necessary to process claims for services rendered.

I acknowledge that all information in my medical records is confidential and will be handled only by associates of Vista Eye Care.

I understand that all professional fees are non-refundable.