

PROFESSIONAL & MATERIAL FEE PAYMENT POLICY

We ask that payment be made in full at the time professional services are rendered and prior to ordering any prescription materials. This includes any insurance co-payments. All professional fees related to contact lens fitting and follow-up are due at the time the contact lenses are dispensed. Any delinquent accounts past 90 days will be turned over to collections, in which case, there may also be court costs and attorney fees added to the delinquent balance. A \$20 fee will be billed for any returned checks.

The following is a list of insurance companies we currently have provider contracts with and will bill for you. Please make sure we have a current copy of your insurance card and a referral number, prior to services being rendered. We will do our best to verify your coverage; however, if coverage is denied or benefits are misquoted, we will bill you for any unpaid balance. If you do not have your current insurance card, or we are not a provider for your insurance carrier, payment will be expected at the time services are rendered. We will provide you with a receipt which you may submit to your insurance company for reimbursement.

Aetna	GreatWest	PHCS	Sloans Lake
Benesight	InterCare	Rocky Mountain HMO	United Health Care
BlueCross/BlueShield	Medicare	Rocky Mountain UCFW	Vision Care Direct (VCD)
Cigna	Mountain States Admin	Secure Horizons	Vision Care Provider Network (VCPN)
Eyemed	PacifiCare	Spectera	Vision Service Plan (VSP)

NOTICE OF PRIVACY PRACTICES

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), is a federal program promulgated by the Department of Health and Human Services, creating national standards to protect all medical records and other individually identifiable information used or disclosed in any way by our office. The Act gives you, the patient, significant new rights regarding your medical records and individually identifiable information, which combined are referred to as your protected health information (PHI).

As required by "HIPAA", we have prepared this explanation of our privacy practices regarding your protected health information. This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We may use or disclose with/our without your authorization, your protected health information for purposes of treatment, payment, and during our normal health care operations. Examples are as follows:

Treatment— your protected health information may be given to another health care provider for the purpose of co-managing any diagnosed condition found during either a routine or acute care office visit.

Payment— your protected health information may be given to a third party entity by means of mail, phone or electronically, for the purpose of collecting reimbursement for services rendered, confirming insurance coverage, and utilization review.

Health Care Operations— your protected health information may be reviewed by employees of our office in order to perform their routine daily activities. In the event of a merger or acquisition of our practice your protected health information may be transferred to another covered entity.

We may contact you by mail or phone for appointment reminders or to provide you with information on products or services we provide which may be of benefit or interest to you. We may not provide your protected health information to any third party for marketing purposes without your prior written authorization.

We may disclose information to the Food and Drug Administration (FDA) for public health purposes related to the safety, quality or effectiveness of FDA-regulated products, including adverse events, product defects or dangerous products.

Any other uses or disclosures of your personal information will be made only with your written authorization. You may revoke any authorization in writing and we are obligated to abide by that written request, except in the event that information was already released based upon a prior authorization.

You have certain rights with regard to your protected health information. You may exercise these rights at any time by presenting them in writing to our Privacy Officer.

You have the right to restrict disclosures of your protected health information from any person or entity identified by you in writing; including but not limited to, family members, insurance carriers, other health care practitioners. We will abide by this request unless you remove it in writing.

You have the right to request to receive confidential communication of protected health information by alternative means or to an alternative location.

You have the right to inspect, copy or amend your protected health information at any time. Under certain circumstances we have the right to deny this request.

You have the right to request a copy of any disclosures made by our office of your protected health information for any five year period beginning after April 2003.

If you feel we have not properly respected the privacy of your protected health information, you may file a complaint with our Privacy Officer or the Department of Health and Human Services, Office for Civil Rights. By signing below, you are acknowledging that you have read our Notice of Privacy Practices. This also serves as authorization for Columbine Vision Clinic to communicate any protected health information necessary for treatment, payment or health care operations as outlined above.

Patient Signature: _____

Date: _____

Would you like a copy of our Privacy Practices Policy? Yes No

Staff Init. _____