

Drs. Thomas Politzer & Crystal Kasper
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OUR FINANCIAL POLICY

Thank you for choosing us as your health care providers. We are committed to your treatment being successful. Because we value our relationship with you and believe that the best relationships are those based on mutual understanding and clear communication, we would like to acquaint you with our accepted methods of payment and our office policy. The following is a statement of our Financial Policy.

FULL PAYMENT IS DUE AT TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA AND MASTERCARD.

GLASSES, CONTACT LENSES AND LOW VISION DEVICES: If you request that we order eyeglasses, contact lenses or other items for you, a minimum 50% deposit is required on the day of the order. The remaining 50% is due when you pick up the items. We cannot dispense these items to you until we have received your full payment. Please keep in mind that when you request us to order items for you, they are “special order” products that are unique to your particular visual correction. Once these items have been ordered, we cannot return them. Therefore, it is your responsibility to pay for them. Payment for services is due at the time they are rendered, unless otherwise arranged. If collection measures are required, you will be responsible for attorney fees and costs.

INSURANCE: We accept most major medical and vision insurances. Please verify coverage with your insurance company to be certain. We will bill these companies directly, but on the day of your visit you are responsible for your deductible, overage, co-payment and all other amounts not covered by your insurance.

For all other insurance plans, you are responsible for full payment of the services on the day of the visit. We will provide you with the necessary forms so that your insurance company can reimburse you.

MEDICARE: You are responsible for all fees not covered by Medicare on the day of your visit. However, if you have not met your deductible, you are responsible for all fees. You must have your Medicare card with you. Medicare does not cover the following items: routine eye examinations not related to a medical condition, refraction for your prescription, glasses, contact lenses (except for aphakia, one time only), medications, some vision therapy or special testing.

USUAL AND CUSTOMARY RATES: Our practice is committed to providing the best treatment for our patients. We charge what is usual and customary for our area.

Thank you for understanding our Financial Policy. Please let us know if you have any concerns.

I have read the Financial Policy. I understand and agree to its terms and conditions:

Signature of Patient or Responsible Party

Patient's Name

Date