



Drs. Matoba Optometrists LLC
Medical Eye & Vision Care Services
200 Union Blvd Ste 415
Lakewood CO 80228-1832
Ph: 303-988-2777
Fax: 303-988-8855
Web: www.matobaeyedocs.com

OFFICE FINANCIAL POLICY

Our Doctors are providers on most insurance plans, however there are several plans created by the Affordable Care Act that we are not participating in. It is the Patient's or Guardian's responsibility to verify that Drs. Matoba Optometrists LLC are In Network Providers on your insurance plan. If you would like assistance, we would be happy to verify network status before your scheduled appointment.

All Co-Pays are due prior to seeing the doctor _____
Patient Initials

I understand that I am responsible for all charges incurred. Drs. Matoba Optometrists, LLC will, as a courtesy to me, bill my insurance. I will furnish all the information necessary to bill my insurance. If there is a balance due, I agree to pay Drs. Matoba Optometrists LLC in full upon receipt of a bill.

Any unpaid balance after 60 days will be turned over to a collection agency _____
Patient Initials

I agree that if it is necessary to forward my account to a collection agency I am responsible for the cost of collection, including attorney fees and court costs.

Please be advised that certain procedure such as foreign body removal, punctual plugs, and amniotic membrane implantation are considered "Surgical" by insurances and can be subject to a surgical deductible in addition to your medical deductible resulting in additional balance due.

I understand and agree to the financial policy as stated above.

Patient/Responsible Party Signature

Date