



COLUMBIA RIVER
EYE CENTER

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DISEASES AND SURGERY OF THE EYE

Thank you for choosing The Columbia River Eye Center for your eye care needs. Our goal is to provide you with the highest quality medical experience. Please read our office policies carefully and sign below. We will be happy to answer any questions you may have.

- **Patients are financially responsible for the services they receive. We are happy to bill your primary and secondary insurances, however we require that you provide your most current insurance information on a yearly basis or as needed by the front office staff.**
- **For any insurance that requires prior authorization, it is the patient's responsibility to make sure that they are in place prior to the day of the appointment. If these authorizations are not active before the appointment, we will need to reschedule to a later date.**
- **If you arrive 15 or more minutes late for your appointment, we will need to reschedule the appointment to a later date. We do require 24 hours' notice if you are unable to keep your scheduled appointment.**
- **Copays must be paid at the time of service.**
- **The refraction fee is not a covered benefit of Medicare, Medicare Advantage, and some commercial insurance plans. There is a \$60.00 charge associated with this and it is due at the time of service.**
- **We do appreciate if you kept your account current with our office. If you are unable to make a payment, you must contact our Billing Department to set up payment arrangements. All accounts over 90 days past due will be turned over to our collection agency.**
- **There is a \$40.00 service fee for any returned checks.**
- **We ask that you turn off your cell phone when you enter the examination room to have quality time with your health care provider.**

Thank you for your cooperation in these matters.

Signature of responsible party _____

Date _____