

## **SPECIAL INSURANCE INFORMATION**

### ***Please read carefully***

Drs. Fine, Hoffman & Packer accept Medicare assignment and are providers for many different types of insurance. You are, however, responsible for knowing your insurance benefits and limitations. **Please be prepared to self pay for our services unless you have your insurance cards with you at the time of appointment.**

**CO-PAYS:** Payment must be made at the time of service. To meet our contractual obligations of being a provider with your insurance company, we are required to collect your co-pay at the time of service.

**HMO (Health Management Organization):** If you are covered under any of the following HMO insurances and you are being seen for a **medical** reason, it is your responsibility to contact your **Primary Care Physician** at least **one-two weeks PRIOR** to your appointment date to obtain a referral. If you do not have a referral, you will be asked to reschedule your appointment until your referral has been obtained or sign a disclaimer stating you will be responsible for payment if a referral is not obtained.

- **PACIFIC SOURCE HMO**
- **CIGNA HMO**
- **TRICARE PRIME**
- **OUT OF AREA HEALTH PLANS – Please check to see if we are a provider**
- **PROVIDENCE MEDICARE EXTRA – Please give us your ID# - our office will obtain the referral for you.**

**OREGON HEALTH PLAN (OHP)/LIPA:** OHP needs a referral for **medical** appointments and a prior authorization for **vision** appointments. It is your responsibility to contact your primary care physician (PCP) at least one-two weeks prior to your medical appointment to obtain a referral. If you are using vision benefits (21 or younger only), please let our referral coordinator know so that a prior authorization can be obtained from your insurance company prior to your appointment (Plus Plan only). If there is not a referral or a prior authorization in place prior to your appointment, you will be asked to reschedule your appointment.

**VISION COVERAGE:** If you have “vision benefits” available and are coming in only for a routine eye examination (glasses/contacts) you will not need to get an HMO insurance referral. If you choose to use your vision benefits you must let our office know this when making your appointment. This coverage is usually an **additional benefit** and is not to be confused with medical coverage. Please contact your insurance company to verify that you are eligible for your ROUTINE VISION BENEFITS. (See other side for more details.)

**VISION SERVICE PLAN (VSP):** VSP requires that we get authorization prior to your appointment. Please let us know if you are using your vision benefits through VSP prior to your appointment so we can obtain authorization. We are providers with the Signature plan only. We **are not** providers of the VSP Choice Network (Sight for Students).

**NOT PROVIDERS WITH INSURANCE COMPANY:** The following insurance companies will not pay for you to see Drs. Fine, Hoffman & Packer. If you do choose to see our doctors, you will be responsible for payment at the time of service.

CAREOREGON HEALTH PLAN  
EYE CARE INTERNATIONAL  
EYE CARE PLAN OF AMERICA  
VETERANS ADMINISTRATION (VA)  
OREGON HEALTH SYSTEMS, INC  
COLE VISION

FOUNDATION HEALTH FEDERAL SRVS  
GALAXY HEALTH NETWORK  
INTEGRATED HEALTH PLAN  
TRUVISION  
PYRAMID Today’s Option  
KAISER PERMANENTE

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