

Hellerstein & Brenner  
Vision Center, P.C.  
Doctors of Optometry

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**FINANCIAL POLICY: HELLERSTEIN & BRENNER VISION CENTER, P.C.**

We are pleased you have chosen us to provide your care. For your convenience we are providing for you an explanation of our payment policies.

We accept cash, personal checks, Visa and MasterCard for payment on your account. Full payment is due at the time of service. A minimum fee of \$20.00 will be charged to your account for returned checks.

**PRIVATE INSURANCE:** If you have insurance that we do not contract with, you will be expected to pay for your visit in full at the time of service. It is your responsibility to submit for reimbursement for services.

**MEDICARE:** We are a participating Medicare Provider. We will submit your insurance form to Medicare. Medicare will then process the charges and send payment directly to us. You will be responsible for deductibles, co-payments and any charges Medicare does not allow. We will also submit to your secondary insurance, if you provide us with the information.

**CONTRACTED INSURANCE:** If our doctors are on your insurance panel, we will submit your insurance claims if you supply us with the necessary information: copy of your card, an address to submit claims, and a telephone number allowing us to verify your coverage. You are still responsible for payment of your co-pay at the time of service, and any amounts not covered by your insurance, including deductibles. If additional testing/therapy is recommended, pre-approval from your insurance company is necessary. If coverage is denied for any reason, you are responsible for payment of the entire balance due, based on our usual and customary fees.

**AUTO INSURANCE:** If your visit involves an accident related injury, you are responsible for payment at the time of your visit, unless prior approval has been given to us in writing by your insurance company. As patient, you are ultimately responsible for payment of services rendered.

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