



Patient Financial Policy

The patient/responsible party is ultimately liable for payment of all services rendered on their account. Co-pays are due at the time of service. Billing statements for dependent children will be sent to the primary custodial parent. The custodial parent may have to send the bill to the responsible party. We cannot become involved in custodial disagreement over payment of the services for a child.

Service charges for new patients or established patients that haven't been seen within three or more years will be billed at a higher amount to accommodate for new data collection and updates to patient health information.

All accounts are payable within 30 days of receipt of your bill unless other arrangements have been made with our billing office. ***We do not participate, accept, or bill to vision plans (i.e. VSP, EyeMed, Spectera, etc.). Vision plans are not insurance.*** It is important that patients with insurance coverage (health, auto, worker compensation) realize that professional services are rendered to a person, not an insurance company. Hence, the insurance company is responsible to the patient and the patient is responsible to us. ***To avoid any misunderstandings, you are advised to ask questions about the cost of the services before you receive them and you may want to contact your insurance company to verify benefits for any services provided to you.*** We do not assume any liability for services not covered by your insurance company. Quotes from your insurance company do not guarantee insurance payment.

If you do not have insurance and are self-pay, we ask that you pay for your bill in full on the day of service. For self-pay accounts only that are not being billed to insurance, a 10% discount will be given only on the date of service. Discounts do not apply to contact lens services and supplies. For contact lens transactions; payment for service, materials, and supplies is due at the time of service.

If your balance is older than 60 days contact our office to make payment arrangements. Referrals to a Professional Collection Service will be made for accounts with balances older than 90 days if arrangements have not been made with our office. If your account is placed with an outside collection agency, you will be charged the full amount of collection fees, attorney fees and allowable court costs.

This notice is to provide transparency in our business transactions and the policy is reviewed annually. Any revisions to this notice will be available on our website and at each of your visits by request.

Signature

Clearly Print Patient's Name

Account Number

Date