GENERAL FINANCIAL INFORMATION

Full payment is due at the time of service. At least a 50% deposit is required before any materials can be ordered. The balance is due when the materials are dispensed. No materials can be dispensed unless they are paid for in full.

INSURANCE

As a courtesy to our patients, we will submit a claim on your behalf to any insurance company or vision plan for which we are a participating provider. We accept direct payment only from those insurers for whom we are participating providers. All co-pays and deductibles are due at the time of service or when materials are ordered. All charges beyond the insurance or vision plan allowance are the responsibility of the patient (unless the terms of the particular insurance or plan specify otherwise). Please be aware that some, and perhaps all, of the services and materials provided may be non-covered services under the Medicare program and/or other insurance. Also, some plans may not cover services because of eligibility or other factors. All charges not covered or disallowed by your insurance or vision plan are the responsibility of the patient. If we do not participate in your insurance or vision plan, we will provide you with the necessary documentation for your use when you submit the claim to your insurance company for reimbursement. You pay us, and your plan will reimburse you.

24 HOUR NOTICE OF CANCELLATION

Our practice is committed to providing the best eye care to our patients. We set aside sufficient time for each examination to allow for a comprehensive unhurried visit. If you are unable to keep a scheduled appointment, please call our office to give 24 hours notice so that we can make the time available for someone else in need.

Thanks for your understanding of our financial policies. Please let us know if you have any questions.

I have read and agree to the above financial policies.

Signature of patient/responsible party Date