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Financial Agreement

If a patient does not have vision benefits or insurance, payment in full is expected on the day of service. If a patient does have vision benefits and insurance, the responsible party will pay the patient estimated portion on the day of service.

Because it is your insurance you are ultimately responsible for knowing and executing the requirements of your insurance. We strongly suggest you call your insurance to verify your plan. No insurance company will guarantee an exact payment. Please keep in mind that all insurance companies provide a disclaimer that states they are only giving general information when we call to check your benefit eligibility.

We will do everything we can to assist you in obtaining the maximum of your insurance benefits. However, your insurance is a contract between you and your insurance carrier. Therefore, you are ultimately responsible for payment in full of your account.

There will be a \$25 returned check fee assessed to your account on all returned checks. We will also assess late fees and finance charges to all accounts over 60 days late. The responsible party agrees to pay all attorney fees and court costs associated with collecting payment for services rendered. Collection fees of approximately 50% are added to the account when it is turned over to the agency.

I have read and understand the above policy and agree to abide by it.

Signature

Date