Payment Policy

Please assist us by reading and signing this form.

Thank you for choosing us as your eye care provider.

1. **Proof of Insurance.** All patients must complete our patient information form before seeing the doctor.
2. **Insurance.** We participate in most insurance plans. If you are not insured by a plan that we are associated with, payment is expected in full at each visit or within 10 days of the billing statement. Knowing your insurance benefits is your responsibility; however, we will help you as much as possible.
3. **Co-Payments and deductibles.** All co-payments and deductibles must be paid at the time of service.
4. **Non-covered services.** Please be aware some services you receive may be non-covered by insurers.
5. **Claims Submission.** We will submit your claims and assist you in any way we reasonable can to help get your claims paid. Please remember your insurance benefit is a contract between you and your insurance company.
6. **Coverage changes.** If your insurance changes, please notify us before your next visit. If your insurance company does not pay your claim in 60 days the balance will automatically be billed to you and we will assist you in recovering charges from your insurance company.
7. **Nonpayment.** If your account is 30 days past due, you will receive a letter stating that you have 10 days to pay your account in full. If the balance remains unpaid, we may refer your account to Transworld Systems, a National Collection Agency authorized to credit report all outstanding debts to the four major National Credit Agencies.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

I have read and understand the payment policy and agree to abide by its guidelines:

____________________________________ ________________

Signature of patient or responsible party **Date**

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Print parent's name or responsible party if minor.