

## PATIENT SERVICE AGREEMENT

Thank you for choosing us as your eye health care provider. Prior to receiving care, read and sign the following:

### OUR COMMITMENT TO YOU

Personalized Eye Health Care  
Patient Education  
Exceptional Service with Infinite Accuracy  
Controlling Costs

Full Payment is due at time of service

A minimum of half down is required at time of order with the full payment when glasses and / or contact lenses are picked up.

We accept cash, checks, credit cards.

### **INSURANCE**

Your insurance is a contract between you and your insurance company. We are not a party to that contract. We will pre-certify your coverage at the time of your visit. During pre-certification, every insurance company states, "This is not a guarantee of benefits."

As a courtesy, we may accept assignment of insurance benefits and we will file your insurance claim for you. Be aware that some, perhaps all, of the services provided may be deemed non-covered services by your insurance company.

If your insurance requires you to have a prior-authorization or referral, it is your responsibility to request and obtain the needed information. If you do not have one, treatment may be denied.

The maximum we will wait for insurance reimbursement is 90 days, after which the insurance amount is then payable by you.

Regarding insurance plans in which we are participating providers, all co-pays and deductibles are due the day service is provided, per your insurance company. You may lose privileges if you do not comply. If we are non-participating providers you are responsible for the balance.

### **USUAL AND CUSTOMARY RATES**

You are responsible for payment regardless of your insurance company's arbitrary determination of usual and customary fees.

### **MINOR PATIENTS**

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for full payment. For unaccompanied minors, non-emergency treatment may be denied unless charges have been pre-authorized. It is not possible for us to do split billing between accounts.

### **INTEREST**

We reserve the right to charge a late fee in the amount of 1% as provided by state law for any unpaid balance remaining after 60 days of service.

Collection proceedings will begin on any outstanding balance in noncompliance with this policy.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date