



## Financial Policy

**Payment in full is due at the time of service, including: All co-pays, fees for non-insured patients, overages on glasses, contacts and contact lens fitting fees.**

In order for us to bill your insurance company you need to provide us with all the necessary information prior to the appointment. If you are unable to provide us with this information, you will be considered **private / cash pay**. As a courtesy our office will bill all your office visits and exams to your insurance company. If we are not a contracted provider with your insurance, again, **payment in full is due at time services are rendered**. We will supply you with all the information necessary for you to self submit the claim with your insurance. **Any materials that are not picked up within 90 days will be returned to stock. No refunds.**

If you are using your medical health insurance, it should be understood that you may have co-insurance or deductible fees due after insurance is billed. Some services may be deemed non-covered or medically unnecessary by your insurance company. **If so, you are directly responsible for the charges incurred.**

**Please be advised that most medical insurances do not cover routine eye exams. Please make sure the insurance you provide us with is vision insurance.**

For any remaining balance due after your insurance company pays, we will send you a statement. If there is no payment after 30 days late fees will incur. Please call if you have any questions about your bill. Most problems can be settled quickly and easily and your call will prevent any misunderstandings.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_