

Notice of Payment Policy

All professional fees, including exam and any additional testing recommended by the doctor, are due and payable the day they are provided. If glasses or contact lenses are included in your fees, 50% is required when ordering and the balance is due at dispensing. If glasses and/or contact lenses are not picked up within 90 days of the ordering date, any and all payments collected thus far for said products are non-refundable.

If your fees are covered by a vision or medical plan for which we participate, any applicable deductibles, co-payments, and non-covered services and/or materials are due and payable on the date of your examination.

A Private Pay Plan is available to patients whose examination fees are not covered by a vision plan or who do not have any type of vision coverage. By signing a Private Pay Plan Agreement the patient agrees to the terms of the contract which provide a reduction in our usual and customary examination fee. This agreed upon amount, as determined by the contract, is payable at the time of your initial visit.

Insurance:

You will be expected to present your insurance card with each visit. We bill participating insurance companies as a courtesy to you. It is your responsibility to know your insurance. If the insurance company has not processed or paid a claim within a timely manner, payment of the account may become the responsibility of the guarantor. If you feel that your insurance company unfairly denies your claim, it is your responsibility to pursue the insurance company.

In today's constantly changing insurance environment, it is not possible for Envision Eye Care to accurately predict all possible outcomes of your insurance claim. Please understand that while we do our best, in the end, insurance is a contract between the patient and the insurance company and all fees, if denied, applied to deductible, co-payment or co-insurance, are **your** responsibility.

Referrals/Prior Authorizations:

If you are enrolled in an insurance that requires a prior authorization or written referral for a specialty service, you must notify our office **before** the appointment. Our office will not be held responsible for any service that has been denied due to lack of authorization.

Collections:

Referral to our professional collection service will be made on delinquent accounts when payment and/or payment arrangements have not been made. If your account is referred to a collection agency, you agree to pay all collection costs that are incurred.

I understand that any fees incurred are my responsibility, unless otherwise prohibited by law, regardless of any insurance benefits, and said fees are to be paid as stated in the above payment policy. Any collections and/or legal fees are my responsibility, including returned check fees for non-sufficient funds.

Payment will be made by: (Please check one)

Self

Insurance Vision _____ Medical _____

Patient/Parent or Guardian Signature

Date