

# NEWARK OPTOMETRY LLC

In order to control the cost of billing, we ask that the patient's portion is paid at the time services are rendered unless other arrangements are made in advance. We would rather control billing cost than be forced to raise our fees. All professional services and material are charged to the patient. The undersigned will ultimately be responsible for any bill incurred in this office regardless of insurance. Accounts 90 days old are subject to collection fees. There will be a service charge on all returned checks. Payment from my insurance is to be paid directly to Newark Optometry. I understand that my primary insurance will be billed. I understand that billing a secondary insurance is my responsibility. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed. A copy of Newark Optometry's Notice of Privacy Practices (HIPAA) has been made available to me. I understand my rights regarding my medical records.