

## PATIENT SERVICE AGREEMENT

Thank you for choosing us as your eye health 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 the time of service.
- A minimum of half down is required at time of order with 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 no 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 to 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.

### USUAL AND CUSTOMARY RATES

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

### MINOR PATIENTS

- The adult accompanying a minor and the parent (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 1.5% as provided by the state law for any unpaid patient balance remaining after 60 days of service.
- Collection proceedings will begin on any outstanding balance in non-compliance with this policy.

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Signature of Responsible Party

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Date