



Patients Name: _____

Date: _____

At Premier Eyecare our goal is to provide you with the best eye health care and a positive experience. In order to establish and maintain a pleasant professional working relationship with you please take a few moments to review the following information:

- Payment is expected AT THE TIME OF SERVICE- this includes all co-pays and/or deductibles that your insurance requires.
- Payment options: Cash, Check, Debit, Credit Card (MC, Visa, Discover, American Express), or Care Credit.
- In a divorce situation, the parent or guardian bringing the child in is responsible for payment at the time services are rendered.
- Any balance resulting from insurance rejections or underpayments becomes Patient, Parent or Guardian responsibility.
- There will be a \$35 charge when a check is returned from the bank as "Non-sufficient Funds" (NSF)

VISION INSURANCE: A vision insurance policy is not the same as health insurance. Regular health insurance plans protect you against financial losses due to unexpected eye injuries or disease. Vision insurance, on the other hand, is a wellness benefit designed to provide routine eye care, prescription eyewear and other vision-related services at a reduced cost.

Vision insurance usually involves a fixed benefit or set of benefits that can be utilized to receive annual wellness eye examinations and materials such as eyeglasses and contact lenses. The plan predetermines the benefits, as well as how often the benefits can be utilized. Vision insurance does not cover medical eye care.

If you have vision insurance, we will bill your company directly as a courtesy to you. To do this correctly and promptly, we need the most current and accurate information, including verification of insurance and proper identity.

MEDICAL INSURANCE: Medical insurance involves the diagnosis and treatment of medical conditions related to the eyes and visual system (cataracts, dry eye syndrome, glaucoma, diabetes, pink eye, foreign body, macular degeneration, etc). Medical insurance generally covers enough visits to completely diagnose and treat medical conditions.

If the doctor determines a medical diagnosis with an associated complaint, we will bill your medical insurance directly as a courtesy to you. We will do our best to determine benefits before your appointment time if we have current insurance information. **This is not a guarantee of payment of benefits by your insurance company as initially reported to us.** Any unpaid balance will be mailed to you.

Once your insurance company is billed, we will allow 60 days to receive payment. If no payment is received after 60 days, the insurance balance will become your responsibility. If your account becomes past due, we will take all necessary steps to collect this debt.

A **CONTACT LENS FITTING** for new or repeat contact lens wearers is a separate service. Contact lenses are considered medical devices and the proper fit and care are extremely important to the health of your eyes. There is a separate charge for the measurement, fitting and prescription for contact lenses. The charge varies for a new or repeat fit and is dependent on the type of contact lens.

MISSED APPOINTMENTS: Appointment times are reserved especially for you. If for any reason you should need to change your appointment, there will be no charge, provided you give us 24-hour notice to avoid a \$25 cancelation fee. Please help us serve you better by keeping your scheduled appointments.

Signature of patient or guarantor

Relationship (if not patient)

Date