

FINANCIAL POLICY

Payment

Full payment is due at time of service. We accept cash, Care Credit, Visa, MC, Discover or American Express. Please be prepared to show picture identification such as a driver's license.

Insurance

It is the patient's responsibility to be aware of their insurance plan(s) and benefits prior to their visit. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. We will attempt to verify your benefits for services and/or materials before your appointment. Verification of eligibility is done as a courtesy only and is not a guarantee of payment. All co-pays and deductibles are due the day of service. If our office does not participate with your insurance plan, you will be responsible for the charges.

If your insurance company denies payment, or has not paid your account in full within 60 days, as required by state law, the balance will be automatically transferred to you. Billed charges are due upon receipt.

Discounts applied to services and material cannot be combined with billing an insurance plan.

Routine vs Medical insurance

We are required to report all diagnoses uncovered during your eye examination. If any of the diagnoses are medical in nature the visit may be billed to your medical insurance plan as a primary benefit instead of your routine vision plan.

Some or all services and material provided to you may not be covered as "reasonable and necessary" under Medi-Cal, Medicare, and/or other medical insurances. The balance is your responsibility whether your insurance company pays or not. For services specifically excluded by your insurance plan, we will NOT bill your carrier and you will be financially responsible.

Patients Who Are Minors (under 18 years old)

The parent or guardian accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless accompanied by a parent or guardian.

Nonrefundable Materials (including glasses and contact lenses)

All prescription optical materials are customized and fabricated specifically for each individual patient. Fees for these materials are non-refundable, and once ordered, become the financial responsibility of the patient. All materials not picked up after 90 days will be donated.

Any glasses or contact lens follow-up appointments after 90 days will be assessed an office visit fee of \$40 per visit.

Missed Appointments

Unless canceled at least 24 hours in advance, we reserve the right to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments or calling us in advance to reschedule an appointment.

Delinquent Accounts

We reserve the right to charge interest and/or late fees on past due balances (in the amount of 25% as provided by state law).

Thank you for understanding our Financial Policy. Please let us know if you have questions or concerns.

I have read and understand the above financial policy.

Signature

Relationship to Patient (if not self)

Date

NOTICE OF PRIVACY PRACTICES AND RIGHTS

I acknowledge that I have reviewed and/or received a copy of the Notice of Privacy Practices for this office.

Signature

Relationship to Patient (if not self)

Date