

ROCHELLE EYE CARE CENTER

FINANCIAL POLICY

Thank you for choosing Rochelle Eye Care Center as your eye care provider. We are committed to providing the best possible eye care. We feel that open communication between the patient and the Optometry office is an important part of your eye care. The following is a statement of our financial policy which we require you to read and sign.

FULL PAYMENT IS DUE AT TIME OF SERVICE

We accept cash, checks, Visa, Mastercard, Discover, American Express and debit card. For payment on extensive balances please contact our financial coordinator as payment plans are available.

INSURANCE COVERAGE

We accept assignment of insurance benefits from your insurance company provided they remit in a timely manner. We do require that the portion of your balance not covered by your insurance be paid at the time of service. This will be an estimated amount. If your insurance company assigns additional amounts as your responsibility due to deductibles or non-eligible charges, you are responsible for these additional amounts and will be sent a statement explaining the charges. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and the insurance company. Rochelle Eye Care Center is not a party to that contract. We will be happy to bill the insurance for you. Please be sure to give us the correct insurance information. If your insurance company has not paid your account within 60 days, you are responsible for paying the balance on your account in full.

In the case of insurance plans where we are a participating provider, co-payments are due at the time of service. In the event that your insurance coverage changes to a plan where we are not participating providers, refer to the above paragraph.

OVERDUE BALANCES, LATE FEES, PAYMENT PLANS

If, for any reason, your portion of your balance goes unpaid for more than 60 days, a late fee or rebilling fee will be added to the balance of the account. This fee will be equal to 1.5% of the balance or \$2.00, whichever is greater. Any account balance not paid after 120 days will be reported to the credit bureau and turned over to our collection agency.

Payment plans are available if discussed prior to receiving services. Balances on a payment plan will not be charged late fees as long as regular payments are received. If a payment plan is agreed upon, it is your responsibility to make regular payments as agreed. If you fail to make scheduled payments you will be sent notice that the balance of your account is due immediately. Late fees will be applied if you break your agreement. In the event that a payment plan is nullified due to non-payment, refer to the above paragraph.

RETURNED CHECKS

Any check returned for non-sufficient funds will be subject to a \$25.00 returned check fee. If more than one check is returned from any individual, we reserve the right to request another form of payment in the future.

RETURNED MERCHANDISE

Any problems with your glasses must be reported to us within 60 days of receipt if you wish to receive credit or exchange. After that 60 days, you are responsible for any changes. Contact lenses can ONLY be returned/exchanged if the boxes are not opened.

MISSED APPOINTMENTS

Unless cancelled 24 hours in advance, our policy is to charge for missed appointments. Please help us to serve you better by keeping scheduled appointments. We will make every effort to confirm your appointment time the day before you are scheduled. Please be sure to supply us with a telephone number where you may be reached during the day.

Thank you for reading and understanding our financial policy. Please contact our financial coordinator if you have any questions or concerns.

I have read and understand Rochelle Eye Care Center's financial policy and agree to the terms in said policy.

Print name of Responsible Party

Signature of Responsible Party

Date

Print name of Patient

Witness