

Valley Vision Optometric Center

Dr. Cheryl K. Robson Dr. Jeffrey L. Reynolds

Financial Policy

Thank you for choosing our practice as your vision care provider. We are committed to providing you with the highest quality care. You should understand that timely payment of your bills is considered a part of the treatment process. Please review the following expectations and indicate your willingness to accept responsibility by signing the form below.

- ◆ If your insurance coverage is a plan with which we participate, all co-pays are due at the time of service.
- ◆ If we do not participate with your insurance plan, full payment is expected at the time of service.
- ◆ If you are uninsured, we expect full payment at the time of service.
- ◆ Patients under the age of 18 must be accompanied by a parent or documented legal guardian at their initial visit.
- ◆ We require that you update your individual information each time that you are in the office so that we can ensure timely correct billing. If you are insured, we will send you two statements, after which we will transfer any outstanding balance to your personal responsibility. At that time, we ask that you settle your balance within 30 days, or call our office to make payment arrangements.
- ◆ Failure to pay your bill in a timely manner will result in our transferring your account to collections. Should we have to proceed with collection efforts, you will be responsible for any costs charged to us by our collection agent. In addition, we will schedule no further appointments until you have settled any outstanding balance.
- ◆ We require that you give us 24-hour notice of appointment cancellation, or accept that we will charge you for a missed appointment.
- ◆ If you choose to not be dilated during your exam and return on a different date, there will be a \$25 office visit charge. This charge cannot be billed to your insurance at that time.
- ◆ Our rates and services are usual and customary for our geographic area. We accept cash, personal checks, VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS and CARE CREDIT. There is a \$35.00 fee for returned checks.
- ◆ Due to the individual customization of prescription eyewear, there are no refunds on eyeglasses, nor on open boxes of contact lenses. If you are experiencing difficulty with your eyewear, please notify us within 60 days of purchase.
- ◆ All eyewear must be paid for and picked up within 90 days or you accept that any unpaid balance on your account will be submitted to collections.
- ◆ There will be a \$25 verification fee for all outside eyeglass purchases. No fees will be charged for glasses purchased in our optical.
- ◆ Payment is expected for contact lens fitting and follow-up on day of initial exam. All contact lens follow-up appointments must be completed within 60 days of initial exam or there will be additional charges.

I have read this Financial Policy and agree to these terms.

Print Name

Date

Patient/ Parent/Guardian Signature