

Provider Financial Policy



Cash Patients

- Visual exam fees are due at the time of service.
- A deposit on one-half of materials is due before the materials are ordered.
- The balance is due at the time of dispensing
- Contact lens check visits after eye exam range from \$20-\$45 per visit.
- A \$50 deposit is required on all contact lens orders.

Insurance Patients

- We will be happy to process the insurance claim for you. **Please note:** One half of materials are due before materials are ordered, along with any co-pays or extras at the time of service.
- Once your insurance company has paid and/or declined a claim, any remaining amounts not paid will be billed to you and must be paid within 30 days from the statement date.

Medicare/Medicaid Patients

Prior to receiving the following services: _____

I have been informed that these services will not be covered by Medicare and/or Medicaid and I agree to assume responsibility for the total associated costs.

Signature of responsible party

Relationship to patient

Date

I _____ state that I fully understand the above financial policy.
I also authorize Eye Care for You to send and/or receive any information to/from another doctor or insurance company if requested.

Signature of patient or responsible party

Relationship to patient

Date