

FINANCIAL AGREEMENT

We are committed to providing you with the best possible eye care. If you have medical or vision insurance, we are deeply committed to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Payment for services is due at the time services are rendered unless payment arrangements have been approved in advance by our staff. Many insurance plans require that the patient pay a co-payment at the time of service. We are not allowed to defer, waive or disregard these payments. Please be prepared to settle these charges at the time of your visit or else you may need to reschedule. We accept cash, checks, credit cards and ATM/Debit cards for your convenience.

Return checks and balances older than 30 days may be subject to additional collection fees and interest charges of 1 ½% per month. Charges may also be made for broken appointments depending on your cancellation history.

We will gladly submit your claim to your insurance company but you must realize, however, that:

- 1. Your insurance is a contract between you, your employer and the insurance company. We are not a party to that contract.**
- 2. Please call your insurance company prior to your office visit regarding your coverage and benefits. Verification of coverage is not a guarantee of payment. Payment is determined upon the submission of the claim.**
- 3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. Such services include but are not limited to refraction, laser vision correction, contact lens consultations and materials, optical services, and cosmetic surgery. We are happy to provide all the services you may need but we request that non-covered service charges be settled at the time treatment is rendered.**
- 4. Contact Lens Services is not included in the standard eye exam. Contact lens services consists of contact lens fitting, consultations, prescriptions and lens replacements. We are happy to provide any services related to contact lens usage, but separate fees will be charged.**

We must emphasize that, as medical/vision care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

We understand that these insurance related matters may be confusing to you, and that is why we prepared this statement. If you have any questions regarding your insurance policy, coverage or plan, please contact your insurance company directly. They will better assist you in terms of your contract with them.

Thank you.

I ACKNOWLEDGE FULL FINANCIAL RESPONSIBILITY FOR SERVICES RENDERED BY DRS. LEE SCHWARTZ, THOMAS SWIFT AND KEVIN LEE. I UNDERSTAND THAT PAYMENT OF CHARGES INCURRED IS DUE AT THE TIME OF SERVICE UNLESS OTHER DEFINITE FINANCIAL ARRANGEMENTS HAVE BEEN MADE.

I FURTHER AUTHORIZE AND REQUEST THAT INSURANCE PAYMENTS BE MADE DIRECTLY TO DRS. LEE SCHWARTZ, THOMAS SWIFT AND KEVIN LEE.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE CONSENT FOR FINANCIAL RESPONSIBILITY AND INSURANCE AUTHORIZATION.

Signed _____ Date _____