



Patient Financial Policy

OUR POLICY requires full payment at the time of service for your visit.

OUR POLICY requires full payment of all materials before your order can be placed.

It is your responsibility to:

- Provide us with information relative to your claim; including insurance card, number, employer, date of birth, address and social security number.
- Pay your co-payments at the time of service.
- Pay for any services not covered by your insurance carrier.

It is our responsibility to:

- Submit your claim for in-network benefits to your insurance carrier.
- Provide your insurance carrier with the necessary information to determine the care that was provided to you.

If we are out-of-network for your insurance carrier we will:

- Require that you pay in full for your visit at the time of service.
- Assist you in submitting your claim by providing you with a detailed billing statement of your charges, which you may forward to your insurance carrier.
- We accept Cash and all major credit cards: Visa, MasterCard, American Express, and Discover.
- We also accept personal checks with the proper identification.
 - We use an electronic checking system, which automatically withdraws the amount from your checking account, much like a debit card. If you request that we do not run your check electronically we will be more than happy to do so; however, there will be a \$30 NSF fee for any returned checks.

When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with an agency, you will be assessed a 25% surcharge. The patient is solely responsible for all costs of collections.

I have read and fully understand my financial responsibilities under this policy.

Patient/Guarantor Signature

Date

I acknowledge that I have read and fully understand the HIPAA privacy form provided to me by TrueVision Eyecare.

Patient/Guarantor Signature

Date

Thank you for choosing TrueVision Eyecare as your vision care providers.

