



Patient's Name _____

Payment is expected in full at the time of service and upon placing an order for glasses or contact lenses. We accept cash, personal checks, Visa, MasterCard, Discover and CareCredit. WE DO NOT ACCEPT POST-DATED CHECKS.

How will you settle your account today?

Cash _____ Check _____ Credit Card _____ Debit Card _____

We will gladly assist you by providing all the necessary paperwork to file with your insurance carrier. A quote of insurance benefits available is not a guarantee of payment by your insurance carrier. Your insurance coverage is a contract between you and your provider and you are responsible for all charges incurred.

Insurance Information

Primary		Secondary	
Subscriber		Subscriber	
ID #		ID #	
Birth Date		Birth Date	
Relationship		Relationship	

Insured's address, if different _____

Authorization for Treatment and Financial Agreement

I AUTHORIZE TREATMENT of the above named individual and agree to pay all fees and charges for such treatment. I agree to pay all charges shown on the statement, immediately upon presentation thereof, including a charge of 1.5% interest per month on all past due obligations. I also agree to pay all collection fees associated with this account in the event that my account is referred to a third-party for collections. Statements showing charges are agreed to be correct and reasonable unless protested in writing within 30 days of my billing date. In the event legal action should become necessary to collect an unpaid balance, I agree to pay reasonable attorney's fees and other such costs as determined by state law.

It is also agreed that payment will not be delayed or withheld because of any insurance coverage or the pending insurance payments of claim thereon. All proceeds of insurance are assigned to this office where applicable.

A **\$25.00 NO SHOW** fee will be charged where applicable. Please give 24 hours notice for any cancelations.

I hereby acknowledge and understand receipt of this form.

Patient/Guardian Signature _____ Date _____