

Gillette Optometric Clinic, PC

Financial Protocol

- Payment is expected at time of service.
- We require half down on any materials (glasses and contacts) orders. Balance is required upon dispensing.
- We bill the majority of insurance companies as long as current information is provided within 30 days of date of service.
- **COPAYMENTS AND DEDUCTIBLES** are due at time of services.
- Should we carry a balance in anticipation of insurance payment, we will hold that balance 30 days, at which time you are liable.
- Accounts following 90 days of nonpayment will be turned over to our collection agency; additional fees could accrue.
- Open balances older than 30 days will be assessed a finance charge of 18% APR. (1.5% per month)
- Returned check fees are \$25.00. If returned checks are not paid within 30 days, accounts are at risk of being forwarded to collections. Returned checks are subject to tripling face value.
- Patients are responsible for emergency charges incurred as a result of an interruption to the doctors' scheduled appointments or for after hours visits. Should insurance not pay, patient will be responsible for these charges.
- In regards to divorced parents or custodial agreements, we are not a party to that agreement. Thus responsibility will be determined by which parent accompanies the child at the time of the visit or services. Parent present at time of service must sign as the responsible party for the minor, no exceptions.
- We thank you in advance for giving us the opportunity to better serve you and your eye care needs.
-

Print Name I, _____, do hereby acknowledge that I have read and understand and agree to all the terms and conditions set above.

Signature _____

Date _____