**Gillette Optometric Clinic, PC**

**Financial Protocol**

* Payment is expected at time of service.
* Divorced parents: We are not a party to the divorce agreement. Both parents are responsible for vision/medical bills of minor children.
* We file claims with most insurance companies provided we have current insurance information, including a copy of the insurance card.

Payment of half down and the balance at pick up is required on all orders.

Copays and deductibles are due at the time of service.

* Balances over 30 days are assessed a finance charge of 18% APR (1.5% per month).
* Following 90 days of nonpayment (and GOC attempts to collect), past due accounts will be turned over to Express Collections.
* Returned checks are subject to a $30.00 NSF fee and applicable postage and legal fees.
* Patients are responsible for any emergency fees incurred, even if the insurance denies payment.
* Previous collections or NSF check accounts: Any future appointments require the balance to be paid in full at the time of the exam and/or materials’ purchase with cash or credit card.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have read, understand, and agree to all of the terms and conditions listed above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_