



Financial Policies

Your understanding of our financial policies is an essential element of your care and treatment. If you have any questions, please discuss them with our front office staff or manager.

- Payment for services is due at the time of service. Payment for materials is due when order is placed. We accept major credit cards, cash, or check.
- As the patient, you are responsible for all authorizations/referrals needed to seek treatment.
- Your insurance policy is a contract between you and your insurance company. As a courtesy, we will file your insurance claim for you if we are a participating provider with your insurance carrier. You are responsible for any amount assigned as patient responsibility by your insurance provider including co-pays, deductibles, and charges for non-covered services.
- If you have insurance coverage with a plan or carrier with whom we do not have a prior agreement, we will ask for payment at time of service and provide a detailed receipt to you to file with your insurance carrier for out of network reimbursement, if available.
- You must inform the office of all insurance changes, In the event that the office is not informed, you will be responsible for any charges denied.
- If you plan to use a vision plan, you are responsible for verifying the information regarding that plan. Many vision plans that are part of your major medical coverage are actually written through separate companies from your medical insurance. We must know who the vision plan provider is in order to verify benefits and file for reimbursement. If this information cannot be verified, you will be responsible for all charges for services and materials.
- Past due accounts are subject to collection proceedings. All fees including, but not limited to, collection fees shall become your responsibility in addition to the balance due this office. A patient with unpaid delinquent accounts may not receive additional scheduled services unless special arrangements have been made. The patient may be discharged from the practice. However, in all situations the urgency of treatment will be taken in consideration.
- Glasses and contact lenses are final sale.
- There is a service fee of \$30.00 for all returned checks.
- All appointments require a 24 hour notice of cancellation. Failure to give a 24 hour notice may result in a fee.

I acknowledge that I have read and agree to the financial policies of Hartley Nichols Eye Care, LLC (DBA Chelsea Eye Care) as stated above.

Signature of responsible party

Date

Name of responsible party (printed): _____