



FAMILY EYE CARE CENTER OF ATLANTA

FINANCIAL POLICIES

-Statements will be generated when your claims are internally processed or the balance exceeds the 45-day maximum allowance for outstanding balances. A statement may not be generated for balances due under \$20, however these amounts will remain on your account and will be due on the next service date. Statement balance amounts will be due within 30-days of statement date. If you find an error on your statement or have any questions, please contact us immediately to clear up any confusion or concerns.

RETURNS/EXCHANGES

There are no refunds on services or custom made products. Unopened contact lens boxes can be exchanged not returned. Frames and lenses are subject to a 20% restocking fee. See full policy posted at front desk.

Credits & Overpayments / Returned Checks

-Credits will remain on your account to be used for future visits unless you request those amounts be refunded to you. Overpayments will be refunded within 30-days upon written request to our practice. **Credits under \$5 can be refunded to the original credit card used only.

-Returned checks will incur a \$30.00 service charge. Payment for return checks and services are due upon the notice of the returned check and are payable by cash, money order, VISA/MC or Discover ONLY. We reserve the right to refuse payment by check if a history of returned checks is established.

-All accounts not paid within 60-days of the due date may subject to dismissal from the practice and may be turned over to our contracted collections agency and documented on your credit report. Accounts reported to the credit bureau are subject to a collection fee with a maximum of \$20 that will be added to your total balance due and will be your responsibility. Past due balances of over \$200.00 may be taken to small claims court.

-Proof of insurance and identity must be provided on the date of service, otherwise the patient will be expected to pay in full for all services when services are rendered. If we are unable to verify insurance benefits, the patient will be expected to pay at the time services are rendered.

-Out of pocket amounts are due on the date of service. Patient prescriptions, referrals, or any other services and materials to be rendered by our practice may be held until all outstanding balances are paid in full by the patient

-Payments for services may be made by Cash, Money Order, VISA/MC, American Express, Discover Card or CareCredit.

-If we are filing a claim for you, your contracted exam co- payments, coinsurance and deductible amounts will be collected at the time of service.

-Patients with outstanding balances must make payment arrangements before their next appointment with the doctor-outstanding balances including those participating in our in office payment plan will forego their balance if they have not communicated with us or paid toward their balance upon 180 of initial transaction. All warranties are from initial date of purchase (not final payment).

-It is each patient's responsibility to understand his or her insurance coverage. As your health care provider, our relationship is with you, not with your insurance company. While filing of insurance is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered.

-Verification of your benefits is not a guarantee of payment.

-If we have not received a payment or a denial from your insurance company within 45-days of submission, we reserve the right to bill you directly for the services

I have read and reviewed and agree to comply with the policies of Family Eye Care Center of Atlanta.

X _____

Date _____