



## OFFICE POLICIES

Full payment is due at time of service. We accept cash, Visa, MC, or American Express. Please be prepared to show picture identification such as a driver's license.

**We file insurance as a courtesy to our patients. Insurance is a very time consuming process; therefore, we will file insurance one time per visit. We will not reverse or resubmit claims because of patient request. Patients with multiple vision policies must inform us as to which policy you want us to file under. We will not compare policies for you. That is your responsibility.**

For patients with insurance, it is expected that your insurance will not pay for all services (i.e. Refraction, which determines an eyeglasses prescription; retinal photo or visual field, which can detect early indications of glaucoma, as well as other medical problems) or materials that are received in this office. You will be financially responsible for any services or materials that are not covered by or paid for by your insurance company. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Although we estimate your insurance benefits, we cannot guarantee what your insurance will pay nor will we know until the claim is actually filed. **The balance is your responsibility whether your insurance company pays or not.** The parent or guardian accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit card or payment is made by cash or check.

All balances must be paid prior to the release of materials. We do require a 50% deposit before any materials will be ordered. **All prescription optical materials are customized and fabricated specifically for each individual patient. Fees for these materials are non-refundable, and once ordered, become the financial responsibility of the patient. All materials not picked up after 30 days become property of Westminster Vision and any deposits thereon will be forfeited. There will not be any refunds.** If you choose to make your eyeglasses in this office, we provide you with a one-time prescription lens change in your eyeglass prescription within one (1) month of your original diagnosis.

**There are NO REFUNDS for professional services rendered.**

If an order for contact lenses or glasses is placed by phone, a credit card number is required at the time the order is placed to pay for desired materials.

Delinquent accounts: You have 30 days to pay your account in full or a finance charge of \$10.00 per month will accrue on all outstanding balances. If your account becomes past due, we will take all necessary steps to collect this debt. If we have to refer your account to a collection agency or lawyer, you will be responsible to pay all collection, lawyer and court fees that are incurred.

There will be a \$35 service charge for any returned checks. Cash, money order, or a credit card will then be required for payment.

By signing below, I acknowledge that I have read and / or received a copy of Westminster Vision's Financial Policy. **I understand that all professional fees are NON-REFUNDABLE. I understand that I am responsible for any procedures not covered by my insurance company for any reason. I understand that I am responsible for any co-payments, deductibles and/or contact lens fittings.**

Patient Name \_\_\_\_\_

\_\_\_\_\_ Date

Signature of Patient or Legal Guardian: \_\_\_\_\_