CAROLINA FAMILY EYE CARE FINANCIAL POLICY

The doctors and staff at Carolina Family Eye Care are pleased that you have chosen us for your eye care needs. Please review our financial policy and acknowledge it with your signature below.

1. Payment for professional services (eye examinations, specialty testing, office visits) is due the day services are provided. Payment for eyeglasses and contact lenses is due in full the day the materials are ordered. For your convenience, we accept cash, checks, debit cards, Visa, MasterCard, American Express, and Discover.
2. **We are providers for a wide array of insurance plans and are happy to file those claims on your behalf. Payment for co-pays, deductibles, and items known not to be covered by your insurance is expected at the time of your visit. You are also ultimately responsible for all charges for which your insurance company denies payment when we receive an *Explanation of Benefits* statement from them.**

   We ask patients with insurances for which we are not providers to make payment in full when services are rendered. If applicable, an itemized statement that can be submitted to your insurance company for reimbursement will be given to you at the time of your visit.
3. For those patients with Flex Spending Accounts, payment in full for services rendered and materials ordered is expected. An itemized receipt that can be submitted for reimbursement will be provided to you.
4. If payment from your insurance company has not been received within 60 days, you will be responsible for paying your account balance in full.
5. Finance charges, at the rate of 1.5% per month (18% APR), will accrue on all outstanding balances.
6. In some families, the question of who is responsible for a child's bill is uncertain. Since we are not party to any separation agreement or court order, this is strictly a matter between the parents. We must insist, therefore, that the parent who requests evaluation and treatment for the child will be responsible for all fees incurred.
7. A service charge of $25.00 will be charged for all checks returned for any reason, including insufficient funds and stop payments.
8. If our office takes legal action to collect any unpaid charges, you will be billed the cost of attorney services, court costs, and a collection fee of $25.00, in addition to any unpaid balances.

**If you have any questions, please feel free to discuss them with us.
We are always willing to work with you in any way possible.**

I acknowledge that I am responsible to pay for all charges associated with services and materials provided by Carolina Family Eye Care. I understand and agree to the above terms of payment. I understand that if I fail to make any payments, my account may be turned over to a collection agency.

Patient Signature Date