

Financial Policies:

The following is a summary of our financial policies and patient payment responsibilities. Please call if you have any questions.

1. All fees are due the day of services, unless we are submitting insurance on your behalf. We accept payment with cash, check, credit card or *Care Credit*.
2. Eye glass orders require at least 50% payment before the order is placed. The remainder is expected when the glasses are dispensed.
3. Contact lenses will need to be paid for when ordered or when picked up.
4. The person who brings the child to an appointment is responsible to have payment.
5. The adult patient who seeks care is responsible for the payment.
6. When we are a provider for a third party *Vision Plan*, any deductibles or co-payments are the patient's responsibility and due when services are performed. If you have a *Vision Plan* that will be used please read the ***Vision Plan and Medical Insurance*** document.
7. When we are not a provider of the *Vision Plan*, the patient is responsible for payment. If the patient chooses to submit the out-of-network claim any payment would go to them.
8. If a medical diagnosis does not exist, and the patient does not have a recognized Vision Plan, payment is expected on the day of service.