



Payment Policy

Examining fees are due at the time of service. If you have insurance, vision or medical, you must present your **current** card information to the receptionist. Any co-payments are due at the time of service. We will submit insurance claims electronically for you. We cannot guarantee that your insurance company will pay for services and materials billed. We will make every attempt to verify and inform you of what may or may not be covered by insurance. However, if your claim is denied in part or whole, you are responsible for what remains, whether it be copays, coinsurance, deductibles, underpayments or “spend down”. If your insurance denies payment you yourself can appeal to them. Our office will provide you with any necessary information to assist you in this process. You will still receive a bill due upon receipt during the billing cycle. Any account which has an overdue balance at the start of the next billing cycle will be assessed a late fee of \$5.00. Each billing cycle thereafter will be assessed the late fee until the bill is paid in full.* A billing cycle is every 3-4 weeks.

In a divorce situation, the parent or guardian bringing the child is responsible for the child's account.

Contact lens orders must be paid in full at time of order. Gas perm contact lenses must be paid in full at time of dispense. Eyewear must be paid for at time of order. We accept cash, check, credit (MC, Visa, Discover, American Express) and debit cards.

Returned NSF (insufficient fund) checks will be charged a service fee of \$35.00.

If you think you cannot afford new glasses or services, please ask about CareCredit. CareCredit is a credit service that allows you to make monthly payments without interest for medical purchases. CareCredit cannot be combined with insurance or other discounts.

“I hereby authorize my insurance carrier to make payment directly to Norman Professional Eyecare for any and all services rendered to me by Norman Professional Eyecare. I understand that I am financially responsible for all charges whether or not they are covered by insurance. I also release any information regarding my treatment or condition in order to obtain payment from my insurance company for services rendered.”

*Unpaid accounts accruing late fees will be turned over to small claims court. You agree to pay for small claims court costs including the filing fee and certified mail/service fee for the Circuit Court of Cape Girardeau County, Missouri, 44 N. Lorimier.

I HAVE READ AND AGREE TO THE PAYMENT POLICY STATED ABOVE.

Patient name (print) _____ DOB: _____

Signature (Patient/Parent or Guardian if minor) _____ Date _____