

Payment Terms (all patients): Payment for exam, contact lens fitting/evaluation, and co-payment is required the day of your exam. We accept cash, checks, MasterCard, Visa, Discover, and American Express. A deposit is required on all eyeglass or contact lens orders. If glasses or contact lenses are not picked up the deposit is non refundable. The balance is due on the day picking up eye glasses or contact lenses. Overdue accounts will be charged interest at 1.5% monthly after 30 days. Accounts 90 days past due will be submitted to a collection agency or turned over to small claims court and the patients will be billed for collection fee costs of 30% of the balance added to cover cost of collection fees and a \$20 processing fee added to the outstanding balance. All payments and communication will cease with Herkimer Eye Care Center and be referred to the Collection Agency or attorney.  
There is a \$25.00 fee for returned checks.

Insurance Billing: As a courtesy, our office may call your insurance company to obtain benefit information, but this is not a guarantee that your insurance will pay. It is your responsibility to know what your insurance is, your specific plan and benefits, and whether you are eligible to use your benefits at a given time. Patients are financially responsible for any fees not paid by your insurance for any of the following reasons: non-covered services, ineligible date of service, previous use of benefits, deductibles, co-payments, lack of proper referral, or providing our office with incorrect or incomplete insurance information.

Insurance Authorization: I hereby authorize Herkimer Eye Care Center to release any information needed to process an insurance claim, and for insurance benefits to be paid directly to Herkimer Eye Care Center. I understand and agree to the above credit and payment terms.

Patient/Guarantor signature \_\_\_\_\_ Date \_\_\_\_\_

Patient/Guarantor name printed \_\_\_\_\_