

Eye Care Arkansas and Eye Care Optical Financial Policy

We want to thank you for choosing Eye Care Arkansas as your eye care provider. Our first commitment is successful care and treatment of your vision. The following is our Financial Policy, which we would like you to read and sign prior to your visit and/or treatment.

Information

Please complete our financial and health information forms prior to seeing the doctor. You must provide your current billing address, all available telephone numbers and any other important contact information. If your address, insurance or contact information changes, it is your responsibility to provide us with the updated information.

Insurance

Please advise our staff if you are not covered by insurance.

We are happy to file your insurance for you. If you fail to provide accurate insurance information, your insurance company may deny the claim. If the claim is denied, you will be financially responsible for services rendered. It is your responsibility to know the benefits provided by your individual insurance policy.

Please note: If your name appears differently on primary and secondary insurances, we will only file your primary insurance.

Co-pays, Co-Insurance and Deductibles

Our charges reflect what is usual and customary for this region.

As part of our contract with your insurance company we are required to collect co-pays on the date of service. We accept cash, checks, Visa/ MasterCard, American Express and Discover or Care Credit.

Co-insurance and deductibles are the responsibility of the patient and will be billed to you after response from your insurance companies. We appreciate your prompt payment of these balances.

If your condition requires frequent visits, our contract with your insurance company dictates that we collect co-pays, deductibles and/or co-insurances for each visit.

Eye Care Optical

Eye Care Optical offers a full line of sun wear, glasses and contact lenses. Before orders can be processed for any product payment must be received in full. The patient is required to provide all vision insurance information at the time of purchase. We are unable to file vision insurances after the original date of purchase as the insurance companies have specific labs we are required to use. After the order is placed with a lab we can not undo the complete order.

Eye Care Optical has a one time warranty, valid for one year on frames and lenses.

Thank you for taking the time to review our Financial Policy. Please feel free to speak to the office staff if you have any further questions.

I have read and agreed to the Financial Policy as listed above.

X _____
Signature of Patient or Responsible Party

Date