

Associated Eye Care, Inc.
FINANCIAL POLICY

1. **Payment in full is due when services are rendered.**
2. As a courtesy to our patients, we may bill verifiable and assignable third party insurance carriers in lieu of a cash payment rendered on the day of service. Proper insurance identification, such as a valid insurance card, must be provided before services are rendered.
3. All copays are due in full when services are rendered.
4. Payment options for our patients include MasterCard, Visa, American Express, Discover, cash, check, and money order.
5. If a patient chooses or is required to bill his or her own insurance, we will provide an itemized statement to the patient, but will treat the account as a self-pay.
6. Self-pay patients who are unable to pay in full at the time services are rendered should call our office in advance to make payment arrangements.
7. Returned checks will be charged back to the patient's account with a service fee of \$20.00.
8. Delinquent accounts may be assigned to a collection agency.