

Miller Vision Center

Lance Chris Miller, OD

## **Financial Policy**

### **PAYMENT:**

For all services, accessories, glasses or contact lenses ordered or provided by the physicians and staff of Miller Vision Center, payment is due at the time of services or when the product is ordered. This includes your portion that the insurances will not pay including any co-pay, deductible and/or co-insurances amounts. We accept Visa, M/C, American Express, Discover and Care Credit for your convenience. We also accept cash and personal checks with a return fee of \$35.00.

### **INSURANCE:**

At each visit to our office, we will ask you for a copy of all your current insurances cards and if you have had any change in your insurance. As a courtesy, we will bill your insurance company for the covered services provided to you. However, it is ***your responsibility*** to know the benefits and conditions outlined in your insurance plan. Most insurance policies pay only a portion of your total charges. We do not guarantee the accuracy of benefit information given to us by insurances companies. If for some reason your insurance company fails to pay, we will expect you to pay the balance in full within 30 days of the date on your statement. If insurance information is not provided the day of service, you will be responsible for filing the claim yourself.

*By signing this below, I authorized the release of any medical or other information necessary to process my insurance claims*

### **CANCELLATION FEE:**

There may be a \$35 cancellation fee for missed appointments or appointments cancelled with less than 24-hour notice.

**INITIALS** \_\_\_\_\_

**FRAME AND/OR LENS ORDER INFORMATION:** Glasses are a custom-made product we do expect full payment at the time of appointment but with that being said we understand that time are hard. So, if you need a less cumbersome payment option there will be \*A minimum of 50% payment for just the glasses (all other service are due at time rendered) required to initiate the manufacturing of the patient's glasses. \*The patient accepts complete responsibility for the frame and/or lenses that s/he has chosen. If the patient reconsiders the choice and the lenses have been manufactured, there will be a 40% restocking fee for the lenses. \*Once the glasses have been dispensed, the patient can return them within sixty (60) days, but there will be a \$75 restocking fee for the fame (if it frame is in acceptable condition) and a 40% restocking fee for the lenses. \*Modification lenses can only be used on the initial frame. \* Any pair of glasses, contacts or other materials not completely paid for and not picked up within 60 days of order will be cancelled, and you will lose your down payment. \*Any completely paid order that is not picked up within 60 days will be mailed to you.

**INITIALS** \_\_\_\_\_

**CUSTOM EYEWEAR:**

Custom eyewear (which would include all glasses and specialty contact lenses) can only be used by the person it was designed for. Therefore, all custom eyewear sales are final.

***Thank you for taking the time to read our financial policy. We hope this answers any questions you may have. If you have any further questions, please do not hesitate to ask.***

***Please sign both lines.***

I have read, understand, and agree to the conditions above.

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Patient Signature (or Guardian of patient is a minor)

Date

I acknowledge that I have received a copy of L. Chris Miller, OD's Notice of Privacy Practices.

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Patient Signature (or Guardian of patient is a minor)

Date