



Financial

Payment is due at the time of service. We accept: VISA, Master Card, Care Credit, Check, & Cash.

Care Credit is an outsourced credit plan for patients who wish to make monthly payments (upon approval of the creditor); applications are available upon request. Applications must be completed before any vision services are rendered.

A \$20 fee will be added to your account for all returned checks. In accordance with the Federal Truth-in-Lending Act, any balance older than 60 days will be subject to a billing charge of \$3 per month. At 130 days your account will be forwarded to an outside collection agency and you will be responsible for the additional fees.

Insurance, participating provider, & all other plans

We are participating providers for certain insurance companies and as a courtesy will bill those insurance companies. We will try to answer any questions you may have about your insurance; however, **we must emphasize that as a provider our relationship is with you - not your insurance company. It is your responsibility to know your insurance policy and be familiar with your coverage.** All deductibles and co-payments are due at the time of service. Any amount **approved** by your insurance company, *but not paid, will be your responsibility.*

Consent for Services & Assignment of Benefits

I have read the above and give Meridian Vision consent to render eye care services. This consent shall extend to all treatments as necessary both routine visual and medical services. I authorize Meridian Vision to release any information and records concerning my treatment as may be necessary to process insurance claims or payments for the care and treatment provided.

I understand, and agree that regardless of my insurance, I am responsible for the balance on my account for professional services rendered. I have read and signed the above information and agree to the policies.

Patient (or Guardian) Signature

Date