IMPORTANT

Checking the box and entering your initials constitutes your electronic signature and consent to all the policies below.

FINANCIAL POLICY & AGREEMENT

Payment is due at the time services are rendered. We are required by law to collect all co-payments, co-insurance and deductibles and we will collect those at the time of your visit. We will file with your insurance company on your behalf at no charge to you unless you advise us otherwise. Although we will make every effort to collect from your insurance company, **you are ultimately responsible for the payment of your fees in full. Even pre-authorization from your insurance company does not guarantee payment of fees. A credit card pre-authorization (see below) for any unpaid balance is required if charges are filed with your insurance or if the full fee is not collected at the time of visit.**

A service fee is charged for all returned checks and/or credit card chargebacks. A rebilling fee will be added to every invoice sent if we are not able to use the credit card provided to us for the pre-authorized payment. You will also be responsible for the costs of fees charged by attorneys or a collection agency for the cost of collection if such action is taken because your bill is unpaid for over 90 days from the date of service.

Pre-authorized Payment Agreement

We bill your insurance company on your behalf at no cost to you, but do not provide direct patient billing service. Therefore, if you are using insurance to pay for our service, we require guaranteed payments by a VISA or MasterCard. We are accredited users of the **VISA and MasterCard Healthcare Program**, which secures our patients' account information anonymously on an encrypted offsite server. In the case of insurance non-payment, your time is saved by using this convenient collection of owed amounts from this secured account information.

I authorize Master Eye Associates ("MEA") to keep my signature on file and **to charge my MasterCard or VISA the balance of charges not paid by my insurance (not to exceed $500 and typically charged 60-180 days after the office visit)** for all professional services during the next 12 months. I understand this authorization is valid for one year unless I cancel by written notice to MEA. I assign my insurance benefits to MEA. I understand I am ultimately responsible for the payment of fees to Master Eye Associates and also agree to the Financial Policy & Agreement as stated above.

Insurance Authorization

I authorize any holder of medical information about me to release to Centers for Medicare/Medicaid Services or my insurance companies any information needed to determine these benefits or the benefits payable for related services. I also authorize payment of insurance benefits, otherwise payable to me, directly to Master Eye Associates (TAX ID 58-2413634) for services they furnish.

MasterEyeAssociates.com

Experienced eye care you can trust with guaranteed accuracy 7 days a week.