



### **Billing Policy**

At Spectacle, we are committed to providing you with the best possible care when it comes to your eye health needs. As a courtesy to you, we will bill your vision or medical insurance depending on the purpose of your visit.

Please remember your insurance policy is a contract between you and your insurance company. We are not a party to that contract. It is up to you to contact your insurance company and inquire as to what services your plan will or will not cover.

If you have any questions concerning your insurance, a pre-treatment estimate we have provided for you, and/or fees for service, it is your responsibility to have these answered prior to treatment to minimize any confusion on your behalf.

Please be aware that some or perhaps all of the services provided may not be covered by your insurance policy. Any balance is your responsibility whether or not your insurance company pays any portion.

### **Payment**

You are responsible for the balance due on your account. You are responsible for any and all professional services rendered. Full payment is due at the time of service. If insurance benefits apply, estimated co-payments, co-insurance, and unmet deductibles are due at the time of service, unless other arrangements are made.

Unpaid balances will be forwarded to collections after 90 days.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_