

ECC FINANCIAL POLICY



1. Payment in full is due at time services are rendered. For your convenience we accept cash, personal checks, Visa, MasterCard, and Discover.
2. Copayments and/or deductible is due at time of service. As a courtesy, we can provide you with a copy of charges so you may submit to your insurance for reimbursement or we can submit to your insurance on your behalf but in order to do this we **must** have complete and accurate billing information.
3. Insurance is a contract between you and your employer. It is important that you are aware of what is and is not covered by your particular insurance plan prior to your appointment. We would be happy to assist you but you must provide us with your insurance information upon scheduling the appointment. We are not responsible for or cannot control what your insurance pays towards your exam and materials.
4. Our office will not carry balances longer than 60 (sixty) days. A charge of 1.5% will be added to balance over 60 (sixty) days if not paid by you or your insurance company. If a balance is owed by you or your insurance company it is your responsibility to contact them regarding this balance.
5. Emergency visits or exams when the insurance is unknown will require **payment in full** at time of service. Subsequent insurance payments will be reimbursed to you if your insurance pays the claim.
6. There is a \$30.00 charge for all returned checks.
7. The parent or guardian who brings a child for an exam is responsible for payment regardless of a divorce decree. WE WILL NOT INTERVENE with divorce issues.

I authorize Eye Consultants of Colorado, LLC to release appropriate information to process insurance claims and have the payment to be paid directly to Eye Consultants of Colorado, LLC. I understand that all benefits quoted are not a guarantee of payment by my insurance and that the final determination can only be made when the claim is processed.

Person Responsible for Account: _____

Signature: _____

Date: ____/____/____