

TERMS OF SERVICE



Thank you for choosing Eye Care Center. Our staff is committed to provide the best quality of service possible. Please understand that full payment of your bill is considered a part of your service. Therefore, we have disclosed our fee schedule and require you to read and sign prior to any treatment. While electronic, a copy is available upon request.

- *AUTHORIZATION OF INSURANCE IS NOT GUARANTEE OF PAYMENT. PATIENT IS RESPONSIBLE.
- *FULL PAYMENT IS DUE AT THE TIME OF SERVICE. THIS INCLUDES ANY CO-PAYMENTS THAT ARE REQUIRED BY YOUR INSURANCE.
- *WE ACCEPT CASH, CHECKS, CARE CREDIT, VISA/MASTERCARD or DISCOVER
- *GLASSES HAVE A 30-DAY REMAKE WARRANTY. If NOT PICKED-UP W/I 30 DAYS, THEY ARE RETURNED.

YOU ARE RESPONSIBLE FOR KNOWING WHAT YOUR INSURANCE COVERS. We provide a service to you. We are not your insurance company. Therefore, if we do not receive payment from your insurance company within **45 days**, you are responsible to pay the balance in full. You can then collect from your insurance company. Before a service is performed, we try to contact your insurance company to receive an authorization and benefits information about your coverage. We are told by your insurance that authorization is NO guarantee of coverage. If you think we have received the wrong benefits information, please contact your insurance company or your benefit coordinator at your work. We can only use the coverage the insurance company tells us you have. If we are not a participating provider for your insurance company, full payment is required for all services. As a courtesy to our patients, we will provide the account responsible with a ledger so insurance can reimburse you.

Usual and Customary Rates

Eye Care Center is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. Any account turned over for collection will have a late fee added.

Refund Policy

Canceled orders and credit card orders are subject to a 50% restocking fee. In the event that a credit balance is created on your account, you will be issued a refund check. This credit balance analysis is conducted once a month **ONLY** and is done on the 1st of each month for the previous month's credit. Refund checks are then issued. There are no exceptions!

Returned Checks

There is a \$40 service charge on all returned checks and may be sent to our professional collection agency or the District/County Attorney if not paid. Any account over 45 days and turned over for professional collection will be responsible for any charges incurred.

Cancellations and No Shows

Cancellations: We understand that some life events are beyond your control and can happen at any time. If you are unable to keep a scheduled appointment, please call at least 24 business hours in advance. If we do not hear from you, we will consider you a no call/no -show appointment.

No-show/No call: If you miss your appointment, you will be charged a \$50 fee for a missed appointment. This fee will need to be paid before you are allowed to schedule another appointment. This fee cannot be billed to insurance.

You may be dismissed as a patient following three (3) no-shows in a one-year period (365 days).

Release of Information

We are required by law to maintain the privacy of your health information and provide you a description of our privacy practices. We will abide by the terms of this notice.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

I HAVE READ AND UNDERSTAND THE EYE CARE CENTER'S FINANCIAL POLICY. I ALSO UNDERSTAND THAT ALL SIGNATURES ACKNOWLEDGE COMPREHENSION AND ARE OBTAINED ELECTRONICALLY.

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