



FINANCIAL POLICY

We are pleased to welcome you as a new patient. Our primary mission at TaylorMade Eyecare is to deliver the best and most comprehensive vision care available. An important part of this mission is making the cost of optimal care as easy and manageable for our patients as possible.

Payment for services is due at the time the services are rendered unless other payment arrangements have been made and approved by our staff. This includes services provided for a patient who is a minor. The presenting parent is responsible. We prefer payment in full when ordering glasses or contacts. However, a deposit of 50% can be made to initiate the order. The remaining balance will be due at dispensing.

To assist you with your vision care investment, we provide the following payment options:

1. Cash – includes money orders and personal checks.
2. Credit Cards – we accept the following credit cards as payment for treatment: Visa, MasterCard, Discover, American Express.
3. CareCredit® – patient payment plans that allow you to pay over time with convenient low minimum monthly payments. With CareCredit, you enjoy these benefits:
 - Flexible financing options
 - No annual fees or prepayment penalties
 - Quick and easy application
 - Receive a credit decision almost immediately
 - Start your recommended treatment immediately*

We are happy to offer these choices so that you can select a payment option that best fits your needs. Please ask if you would like more information on CareCredit so that you can make an informed decision about which payment option you prefer.

We are panel providers and accept assignment on several vision plans. This means that at the time of the exam, you will be responsible for any co-payments, deductibles or fees for non-covered services. As a courtesy to you, we will bill and receive payment directly from your insurance company for covered services. **You will be responsible for any remaining balance.**

We make no claim to know what services your insurance covers. Your insurance policy is a contract between you and your insurance company—we are NOT a party to that contract. While we make a good faith attempt to verify coverage, we are not able to guarantee that the information given to us by *your* insurance is correct. **It is your responsibility alone to know what services may or may not be covered by your insurance.** We encourage you to refer to your benefits manual if you have questions about covered services. In addition, be aware that some and perhaps all of the services provided may be non-covered services by your insurance. You will be responsible for payment of all non-covered services at the time they are rendered. Finally, in the event you provided incorrect insurance information that delays payment, you may be asked to pay full billed charges and seek reimbursement from your insurance provider directly.

If you have questions about the above information or your insurance coverage, please do not hesitate to ask. We are here to help you. Thank you!

I have read, understand and agree to the Financial Policy stated above.

Signature _____ Date _____

*Subject to credit approval