



## Payment

Full payment is due at time of service. We accept cash, check, Care Credit, Visa, MC, or Discover. Please be prepared to show picture identification such as a driver's license.

## Insurance

Are you aware of what your insurance plan covers? We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract.

Regarding insurance plans where we are a participating provider, all co-pays and deductibles are due the day of service. If the UEC does not participate with your insurance plan, you will be responsible for the charges.

Some or all services and material provided to you may not be covered as "reasonable and necessary" under the Medi-Cal (Section 1862 a1), Medicare, and/or other medical insurances. The balance is your responsibility whether your insurance company pays or not.

For services specifically excluded by your insurance plan, we will **NOT** bill your carrier and you will be financially responsible.

If your insurance company denies payment, or has not paid your account in full within 60 days, as required by state law, the balance will be automatically transferred to you. Billed charges are due upon receipt.

Discounts applied to services and material cannot be combined with billing an insurance plan.

## Patients Who Are Minors (under 18 years old)

The parent or guardian accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless accompanied by a parent or guardian.

## Non-refundable Materials (including glasses, contact lenses and low vision devices)

All prescription optical materials are customized and fabricated specifically for each individual patient. Fees for these materials are non-refundable, and once ordered, become the financial responsibility of the patient. All materials not picked up after 90 days become property of the health care provider.

## Missed Appointments

Unless canceled at least 24 hours in advance, we reserve the right to charge for missed appointments at the rate of a normal office visit. Please help us serve you better by keeping scheduled appointments or calling us in advance to reschedule an appointment.

## Delinquent Accounts

We reserve the right to charge interest and/or late fees on past due balances (in the amount of 25% as provided by state law). There will be a \$35 service charge for any returned checks. Cash, money order, or a credit card will then be required for payment.

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

*I have read and understand the above financial policy.*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date