Danville Eye Center, PLLC Financial Policy

Thank you for choosing Danville Eye Center for your eye care needs. We want to maintain a professional and pleasant working relationship with you. Please review and sign the following policy and if you have any questions feel free to ask one of our staff.

Payment is expected at time services are rendered. Payment for glasses, contact lenses and other goods are expected in full at time of ordering. All co-pays, co-insurance, and deductibles are due on the day of service. We will enforce a $30 returned check fee.

Balances that have not been paid within 60 days will be assessed a finance charge of one percent (1%) each month or an Annual Percentage Rate (APR) of 12%. The minimum finance charge will be $0.50.

After 90 days an unpaid account will be referred to a collection agency or attorney and you agree to pay all fees incurred.

INSURANCE: We will happily bill your insurance company on your behalf for services and materials that are covered. Be aware that the relationship is between you and your insurance company and that Danville Eye Center has no relationship other than being a contracted provider, therefore the patient is ultimately responsible for facilitating payment whether through their insurance company or personally. To avoid denials and other problems, please provide us with your current policy and if we request any additional information the risk of the claim becoming your full responsibility. We will make every attempt to verify coverage before services are rendered. If we are unable to verify coverage, all fees from the visit will be due at the time provided. Any services or materials not covered by your insurance will become your responsibility and statement for the balance will be mailed to you. If your insurance denies payment or does not respond within 60 days you will be responsible for the balance due.

Patient Name:_____Date of Birth:_____

Person Responsible (Print):_____

Responsible Person's SS#:_____

Relationship to Patient:_____

Signature_____Date:_____

TO THE PARENT OR GUARDIAN OF MINORS: The parent or guardian accompanying a minor is responsible for all fees due at the time of service. If someone else is responsible for the balance, an attempt will be made to reach the individual by phone to get their credit card information for payment.

PLEASE TURN FORM OVER-->