



Financial Policy

Our goal is to provide the very best, and most complete, up-to-date care available. Our philosophy is preventive and developmental in approach. To provide this service in the most efficient manner, please be aware of the following office policies:

Patient name: _____ **Date:** _____

Please initial next to each "X":

_____ Payment in full is due at the time services are rendered (For patients with insurance coverage, "payment in full" will be for your estimated out of pocket cost, after anticipated insurance reimbursement).

_____ A 50% deposit is required at time of ordering products.

_____ We reserve the right to charge for any missed appointment that is not canceled in advance. We require 24 hour notice for rescheduling/canceling appointments. An appointment is considered a "no show" if a patient does not show up for their scheduled appointment time. If we reach the patient on the day of their visit and they have forgotten or for some reason are unable to make it, the appointment is considered a "no show", not a cancellation. Our policy for no show appointments or late cancellations is as follows:

1st Incident - \$25 fee

2nd Incident - \$25 fee

3rd Incident - Patient will be asked to prepay in full for their appointment. If they miss the appointment, no refund will be issued.

4th Incident - Patient will no longer be allowed to schedule further appointments at Lodestar Family Eye Care. They may call in to see if we have any availability that day, but we will no longer be able to keep reservations in advance.

_____ Ultimate responsibility for payment is the patient's. Insurance agreements are between the company and the patient. As a courtesy, we will do our best to collect thorough and accurate information from your insurance companies and provide you with an out-of-pocket *estimate*, but we cannot be held liable for incorrect information provided by your insurance company. If complete, up-to-date insurance information is not provided to our office prior to your appointment, we will ask for payment in advance for the services or materials provided.

_____ Balances left unpaid for more than 90 days may result in finance charges, being sent to collections, and/or termination from care at Lodestar Family Eye Care, PC. Any and all delinquent charges must be paid in full before you may receive further care at our office.