



Financial and Insurance Policy

Thank you for choosing Logan Eye Care as your vision care provider. As a part of our services, we request you read and sign the following financial policy prior to services being rendered. Patient or responsible party must complete our information and insurance form before seeing Dr. Carol Logan.

- **Full payment, co-payment, percentages and/or deductibles are due at the time services are rendered.**
We accept cash, checks, Visa, MasterCard, American Express and Discover. If you are purchasing eyewear or contacts, payment is due prior to any order being processed.
_____ Initials
- **Office Policy:** Insurance is billed as a courtesy to our patients; however, the patient is the final responsible party. If your insurance has not paid within **60 days** you will be notified. Returns or cancellations are made at the discretion of the office administrator and office credit will be issued in lieu of refunds. Please make your selection carefully.
- **Minor Patients (under the age of 18):** The adult accompanying a minor (patient/guardian) is responsible for full payment at the time of service. For unaccompanied minors, payment arrangements need to be made in ADVANCE and we must have parents or guardians written permission prior to treatment of a minor.
- **Returned Checks:** A \$25.00 service charge will be applied to your account for returned checks. No returned checks will be re-deposited. All balances must be paid in cash or by credit card. One attempt will be made to collect this debt from the patient, if not collected within 5 days of the returned check; the account will be turned over to collection agency. We request a copy of your driver's license for our records if you wish to make payments by check.
- **Spectacle Prescription:** Patients have 30 days follow-up care from the date of the fitting to make any changes in the prescription necessary. However, the Optician will be happy to check the prescription of your glasses against your prescription given by Dr. Logan at any time.
- **Eye wear and contact lens prescriptions that are filled elsewhere are not warranted by Logan Eye Care.**
- **Contact Lens Patients:** Additional time and testing is required for the fitting and evaluation for contact lenses. Additional professional fees will be applied, and are generally not covered by your insurance company. Patients have 30 days follow-up care from the date of the fitting to make any changes in the prescription necessary. A contact lens prescription is only valid one year from the exam date and cannot be filled once expired. Disposable contacts have been ordered and received by the patient, they cannot be returned.
- **Emergency Visits:** There will be a \$50.00 fee charged above and beyond the usual and customary fees if seen outside of office hours.
- Eyeglass and contact lens prescriptions (when requested) are faxed by the end of each business day.
_____ Initials

Please realize that:

1. Your insurance is a contract between you, your employer and the insurance company. We are not a party in the contract.
2. You are responsible for all charges that are denied/not covered by your insurance company. Not all services are covered under insurances - glasses, contact lenses and/or contact lens fitting or evaluations and some procedures performed by Dr. Logan.
3. Although we verify your coverage through your insurance company with each and every patient, verification of benefits is not a guarantee of payment from your insurance company. We request that you present a copy of your insurance card for our records if necessary or any discount plans that are being utilized. Only one insurance / discount plan is accepted, per patient, per year.

Patient or legally authorized individual signature

Date

Printed name if signed on behalf of the patient