

Lifetime Vision Care, LLC is contracted with several insurance carriers and will assist in bill your insurance, as a courtesy. **Any overages not covered, co-pays, or deductibles not met by the primary or secondary insurance will be the responsibility of the patient. We will bill insurance according to the coverage presented at the time of service.**

If there are any questions regarding specific coverage it is best to contact the insurance carrier. Please note non-covered services are due at time of service.

Medicare patients are responsible for the non-covered options of the examination.

MEDICAL VISITS - TESTING

If treatment by the doctors is considered a medical procedure, rather than a vision care procedure, we will process the visit as a medical claim. For questions regarding major medical benefits, please refer to your medical insurance provider.

BALANCES OVER 60 DAYS

Any account over 60 days is considered as "past due"

Accounts over 90 days	\$15.00
Non-Sufficient Funds (NSF)	\$31.00
*Collection Accounts – Delinquent Balances over 90 days may be assigned to an outside collection agency	\$50.00

QUOTE OF INSURANCE BENEFITS

Quotes received from insurance companies represent a quote of benefits only and not a guarantee of payment. I understand any portion of the bill not covered by insurance is patient responsibility. Final determination of amount due can only be determined once the claim is processed.

ASSIGNMENT OF BENEFITS/RELEASE OF INFORMATION

By signing this agreement you understand and agree to the policies of this office. I understand insurance will be billed and direct payment to Lifetime Vision Care, LLC.

We require a 24 hour notice for cancellation.

Signature of patient
(Parent / Guardian if patient is a minor)

Date