Simpson Eye Associates Agreement for Payment

In consideration of services rendered and materials furnished to the patient by Simpson Eye Associates, the undersigned patient and/or guarantor expressly agrees to pay and guarantees payment in full of any and all charges by the Simpson Eye Associates for physician services rendered and materials furnished to or for the patient by the Simpson Eye Associates or a physician. The undersigned agrees as follows: It is understood that Simpson Eye Associates is not responsible for collecting insurance benefits or negotiating the settlement of a disputed claim. The undersigned authorizes Simpson Eye Associates to submit claims for payment or coverage to third party insurers or payors. The undersigned is responsible for payment of all charges regardless of anticipated insurance coverage in accordance with the Simpson Eye Associate's payment policy. A copy of this policy has been made available for my review.

The undersigned also agrees to pay any additional charges related to the cost of collections of my account, including, but not limited to, collection agencies commissions and reasonable attorney's fees and costs of suit which are incurred by Simpson Eye Associates in enforcing payment in the event that the undersigned fails to pay bills. The undersigned patient and/or guarantor authorizes Simpson Eye Associates to prepare and submit credit charge slips using any of the charge cards listed below to recover all charges and all other unpaid amounts due to the patient's failure to pay bills in a timely manner. Charges will be placed on cards ninety days after a balance becomes a patient's responsibility. The undersigned acknowledges that any payments made by the undersigned after collection efforts have begun shall first be applied against costs of collection, as described above and then to the principal balance due. **The undersigned will be responsible until <u>all</u> payments have been made to Simpson Eye Associates**.

I have read and understand the above statements concerning my payment responsibility.

Date	Patient/Guarantor	Security Type:	Mastercard	Visa	Discover	
Date	Registrar	Card Number			Expiration	

Simpson Eye Associate's Refraction, Vision Care, Glasses and Contact Lens Policy

A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. The refraction is an important component in determining the health of the eye. Most medical insurance plans, including Medicare, do not cover refractions or routine eye examinations. We charge separately for the refraction portion of the examination, since it is not a covered service.

The charge for a refraction is $50.00

If you have a separate vision plan, it may cover routine or annual eye examinations, glasses and/or contact lenses. We do not file insurance for vision plans. We only file for Medicare, PPO's, HMO's and major insurance plans with which we participate. We will collect the charge for the refraction at the end of your examination today. If we file your insurance for you and we are paid for the refraction, a check will be mailed to you for the amount that your insurance pays.

Signature_____ Date_____