

# MCCOY VISION CLINIC

## PAYMENT POLICY

OUR PAYMENT POLICE IS DESIGNED TO HOLD DOWN COSTS WITHOUT SACRIFICING THE QUALITY OF THE CARE WE PROVIDE. PLEASE READ THIS POLICY CAREFULLY. IF YOU HAVE ANY CONCERNS OR QUESTIONS, WE WILL BE HAPPY TO DISCUSS THEM WITH YOU.

1. Payment is expected at the time services are received unless specific, individual payment arrangements are made in advance. A deposit of 50% is required prior to ordering materials made to your prescription. The balance is due when you pick them up.
2. For persons desiring credit options, we honor Visa, Mastercard and Discover for your convenience. We also offer interest free financing (if approved) with Care Credit.
3. Account balances older than 90 days are considered delinquent and will be subject to legal collection procedures. If your account becomes delinquent, you will be required to pay all reasonable fees incurred in the collection of your account. Accounts which have been referred for collection will not be granted payment options in the future.
4. A monthly service charge of 1.5% will be added to the unpaid balance of your account after 90 days.
5. A service charge of \$30 will be levied for any check returned because of insufficient funds or closed account. The check amount plus the service fee use be paid in cash or cashier's check within three days of notification. Failure to comply will result in immediate legal action.
6. As a courtesy, we will bill your insurance company and/or vision care plan. Some insurers pay you directly. We then require that you pay your account and you will be reimbursed by your insurance carrier. Delayed payments by your insurance company is NOT a valid reason for delayed payment to us.

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Signature of Patient

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Date