ACKNOWDLEDGEMENT OF OFFICE POLICIES & FINANCIAL RESPONSIBILITY NOTICE

We make every effort to minimize the out-of-pocket costs you pay for your care. You can help by paying upon completion of each visit. Other arrangements can be made with our office manager depending upon special circumstances. An estimate of the charge for any procedure or exam you may require will be given to you upon request.

I hereby acknowledge that a copy of IdealEyes Optometry's "Office Policies and Financial Responsibility" Notice has been made available to me on the office website (IdealEyesNC.com/forms) and that I have been given the opportunity to ask any questions I may have regarding this Notice. I understand and agree to the terms described in the Notice, including;

- Providing a minimum of 24-hours notice when cancelling or rescheduling any appointment, and that failing to do so may result in a cancellation fee of $35.
- Understanding the terms and limitations of my insurance policies and, if electing to use them, providing IdealEyes Optometry accurate and up-to-date insurance information to enable timely submission of claims to my insurance carrier. Failing to do so can result in payment in-full being owed by me.
- An estimate of my out-of-pocket expenses will be provided to me upon request.
- Unless otherwise arranged by our office manager, pay all copayments, coinsurance, deductible, non-covered, and out-of-pocket amounts, along with any past-due amounts, at the time services are provided. For any balance outstanding after 90-days, I will be responsible for collection costs, attorneys fees and court costs.
- A service charge of $30 will be charged to me for any returned check.
- Pickup or arrange to have shipped any materials purchased from IdealEyes (e.g. contact lenses, eye glasses, or eyeglass lenses) within 90-days of ordering.

_____ _____

Signature of patient or authorized representative **Date**

_____ _____

Authorized representative's name **Relationship**

Updated: May 1st, 2022