



215 SE Highway 291 • Lee's Summit, MO 64063

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www.geteyecare.com

Financial Agreement

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show the previous and current balance, any new charges to the account, the finance charge/late payment fee (if applicable), and any payment or credits applied to your account during the month.

Payment options if you are not using insurance:

1. You are expected to pay in full by cash, check, or credit card on the day that treatment is rendered.
2. By agreeing to pay in full you will be eligible to receive our prompt payment discount. This discount is only available for patients who pay in full on the date of service. This discount applies to refraction, exam and full threshold visual fields.

Payment options if you have insurance:

1. You are expected to pay your deductible and any out-of-pocket portions at the time services are rendered by cash, check or credit card.
2. You also have the option to pay in full the total balance due by cash, check, or credit card on the day that treatment is rendered - in lieu of having your insurance submitted.
 - a. By agreeing to pay the total balance due in full you will be eligible to receive our prompt payment discount. This discount is only available for patients who pay in full on the date of service. This discount applies to refraction, exam and full threshold visual fields.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within thirty days of the statement date.

Contracted Insurance: If we are contracted with your insurance company, we must follow our contract. If you have a co-pay or deductible, you must pay that at the time of service. It is the insurance company that makes the final determination of your eligibility and benefits.

Non-contracted Insurance: We will bill your primary insurance provider as a courtesy to you. Although we

may estimate what your insurance may pay, it is the insurance company that makes the final determination of eligibility and benefits. You agree to pay any portion of the charges not covered by insurance.

Late Payment Fee: A late payment fee of \$25 will be imposed on each account that is over thirty (30) days past-due. We determine your account is past-due by taking the balance owed thirty (30) days ago, and then subtracting any payments or credits applied to the account during that time.

Finance Charge: A finance charge will be imposed on each item of your account which has not been paid within sixty (60) days of the time of your first monthly statement. The **FINANCE CHARGE** will be computed at the rate of one point five percent (1.5%) per month or an **ANNUAL PERCENTAGE RATE** of eighteen (18%) percent. The finance charge on your account is computed by applying the periodic rate (1.5%) to the "overdue balance" of your account. The "overdue balance" of your account is calculated by taking the balance owed thirty (30) days ago, including the late payment fee of twenty-five (25) dollars, and then subtracting any payments or credits applied.

Past Due Accounts: If your account becomes past due, we will take necessary steps to collect the debt. If we refer your account to a collection agency, you agree to pay all of the collection costs which are incurred.

Waiver of confidentiality: You understand if this account is submitted to a collection agency, and if your past due status is reported to a credit reporting agency, the fact that you receive treatment at our office may become a matter of public record.

Co-signature: If this agreement is signed on your behalf by another person, that co-signature remains in effect until cancelled in writing.

Effective Date: Once you have signed this agreement, you agree to all of the terms and conditions contained herein and the agreement will be in full force and effect.