



7060 S. Durango Dr, Ste 112, Las Vegas, NV 89113

## Financial Policy

### **Payment**

Full payment is due at time of service. We accept cash, Visa, MC, or Discover. Please be prepared to show picture identification such as a driver's license. Checks are not accepted.

### **Insurance**

We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract.

Some or all services and materials provided to you may not be covered as "reasonable and/or necessary" with Medicare and/or other medical and vision insurances. The balance is your responsibility whether your insurance company pays it or not.

If your insurance company has not paid your account in full within 60 days; the balance will be automatically transferred to you. Billed charges are due upon receipt.

Regarding insurance plans where we are a participating provider: all co-pays and deductibles are due the day of service. In the event that your insurance coverage changes to a plan where we are not participating providers, you are responsible for the charges.

Discounts applied to services and materials cannot be combined with billing an insurance plan.

### **Patients who are minors (under 18 years old)**

The parent or guardian accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit card or payment is made by cash. Checks are not accepted.

### **Non Refundable Materials (including glasses, contact lenses, low vision devices)**

All prescription optical materials are customized and fabricated specifically for each individual patient. Fees for these materials are subject to our return policy, and once ordered, immediately become the financial responsibility of the patient. All materials not picked up after 90 days from the order date become the property of Eye Guys, LLC dba All Things Eyes.

### **Missed Appointments**

Missed appointments, cancellations, and rescheduling within 24 hours of the exam time are subject to a \$25 fee. This fee must be paid before scheduling the next appointment. After TWO (2) NO SHOWS in a calendar year, you will no longer be able to book appointments with our practice.



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### **Delinquent accounts**

We reserve the right to charge interest and/or late fees on past due balances. We reserve the right to send the account to a collection agency to recover any balance, including an extra 35% of the total balance to cover administrative and legal fees.

### **Professional Service Policies**

Our follow up visits are intended to assess the quality of each patient's vision and eye health with the new contact lenses. We also determine if the patient is experiencing any adverse physiological changes secondary to wearing new contact lenses. Each patient is required to return with the contact lenses on, within one to two weeks of dispensing the contacts. If a follow up appointment is not completed within 30 days of the original exam date, the patient will be required to pay an additional \$50 fee for the late follow up visit.

Any additional follow up visit regarding changes or issues with a finalized glasses and/or contact lens prescription after 30 days of the original exam date will be subject to a \$30 fee per visit.

**I understand that all professional fees are NON-REFUNDABLE.**