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### **Five Points Eye Care Center's Patient Financial Policy Statement**

1.) Each new patient must complete a registration form prior to or at the time of his or her appointment. **Registration forms are updated annually.**

2.) A minimum of 50% deposit is required on all glasses orders, with the remaining balance due **BEFORE** the glasses are dispensed. Five Points Eye Care Center reserves the right to require full payment of all materials prior to ordering. **All glasses must be picked up and paid in full with in 90-days of order placement. After this time, all materials will be returned to stock and all deposits will be lost.** Full payment for all contact lens orders must be received at the time the order is placed. Orders taken over the phone require a credit card for payment or you may mail a check and the order will be placed upon receipt of payment. No materials can be ordered or dispensed without payment.

3.) Online contact lens orders are subject to direct payment to our online store. All returns or defects of materials will be handled directly with the online store.

4.) Payments for services may be made by cash, check, money order or VISA or MASTERCARD.

5.) **RETURNED CHECKS:** There will be a \$30.00 service charge on all returned checks. **Payment for returned checks and services are due upon notice of returned check and payable by cash, money order, Visa or MasterCard only.** Checks are not acceptable for payment on balances with returned check fees. All subsequent payments for services and/or materials may only be taken by cash, money order or Visa or MasterCard.

6.) Statements are automatically generated on the 15<sup>th</sup> and at the end of each month for all accounts showing a balance due.

7.) **COLLECTIONS POLICY:** All balances are due at the time of service or on or before the statement due

date. Balances not paid by the statement due date will be reported to the **Collection Services of Athens** and documented on your credit report. Accounts reported to the credit bureau are subject to a **maximum collection fee of \$20** that will be added to the owed balance. All collection fees are your responsibility. Past due balances over \$200.00 may be taken to small claims court.

8.) **WAIVER OF CONFIDENTIALITY:** Accounts sent to the **Collection Services of Athens** become public record and will show that you received treatment at our office.

9.) **INSURANCE:** Proof of insurance and identity must be provided **before** or **on** the date of service, otherwise the patient will be expected to pay in full for all services when services are rendered. If we are unable to verify benefits, the patient will be expected to pay at the time services are rendered.

10.) It is each patient's responsibility to understand his or her insurance coverage. As your health providers, our relationship is with you, not with your insurance company. While filing of insurance is a courtesy we extend to our patients, all charges are your responsibility from the date services are rendered. Verification of your benefits is not a guarantee of payment. All payments are subject to the terms and allowances of your plan when services are rendered and claims are received and processed by your insurance company.

11.) **If we are filing a Primary and/or Secondary insurance claim for you, exam co-payments, deductibles, coinsurance amounts and non-covered charges will be collected at the time of service.**

12.) If we have not received a payment or a denial from your insurance company within 30-days of the filing date, we reserve the right to bill you directly for the services.

13.) **REFUND POLICY: All refunds will be issued via check. Refunds to credit card accounts can be requested on the credit card used for payment. No cash refunds.**

**I have read, understand and agree to comply with the Financial Policy as stated above. I agree to allow Five Points Eye Care Center to file claims on my behalf and receive payment for services rendered as governed by contract.**

\_\_\_\_\_  
**Patient Signature or Parent/Legal Guardian**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Today's Date**