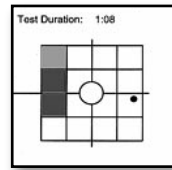
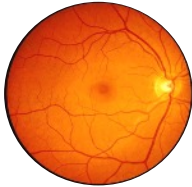


PREVENTION STARTS with 3 TESTS

SCREENING HELPS TO DIAGNOSE MANY ISSUES...

- Diabetes
 - Hypertension
 - Cataracts
 - Glaucoma
 - Side Vision Loss
 - UV Damage
 - Macular Degeneration
 - Retinal Detachments
 - Vision Loss
 - Strokes
 - Pain
 - Floaters
- ... and more

3 Recommended Vision -Health Screeners



1. DIGITAL - LASER - RETINAL SCANNING

2. CENTER VISION LOSS RISK

3. SIDE VISION LOSS RISK

All 3 Tests
Quick, Fast
Painless

- Yes No **Adults 18 and Older - All Three \$65** (Savings of 25%)
- Yes No **17 and Younger - Two Tests \$45** (Savings of 20%)

DILATION

Basic Dilation: Included w/ visit - 4-6 hrs. blurry vision

New Patient: Required within 30-day (no charge)

- Yes** Dilation today
- No** I assume ALL risks of eye diseases including blindness.
- Yes** but reschedule \$60.00 (New patients - no charge within 30-days)

** Specialty dilation and testing required for LASIK and most children under 10*

OFFICE POLICY - PAYMENT - INSURANCE

- **CREDIT CARD:** A card is required to be on file for any medical claims billed to your medical insurance.
- **YOUR CHARGES:** Co-pays, deductibles, co-insurance, account balances, out of pocket tests (refractions, preventative testing, etc.) are due at the time of service. Medical nor vision insurance covers all charges. I give permission to submit claim(s) and release any information regarding my care to necessary entities and payment directly to Joliet EyeCare Associates (JEA). I am responsible for all remaining charges.
- **INSURANCES:** I am responsible for knowing my insurance coverage and network status before my visit. Some PPO and most HMO insurance require pre-authorization. All insurances must be present before my visit (vision, medical, workman's comp., etc). If a claim must be submitted after the fact: \$25 charge and any amount paid will be directly to you. No refund on amounts already paid to JEA. Medical and vision insurances cannot be billed on the same day (examples: glasses script - refraction).
- **HIPPA:** I have reviewed a copy of the HIPPA privacy law; hard copy available upon request.
- **DILATION:** And other testing maybe covered today pending insurance. Postponed testing incurs a \$40-\$60 charge and completion of test(s) must be done within 30-days. All new patients must have a dilation.
- **PAYMENT - COLLECTIONS - RETURNED CHECKS:** If sent to collections, 33% above total fee and all other fees; attorney, courts, etc. NSF checks - \$35 service fee plus money owed and account will be placed on a cash or credit card only basis. Late fees - 10% of balance owed monthly.
- **RECORDS - FORMS - LETTERS:** There are charges for copying medical records being released to the patient (amount to be determined upon review). Specialty forms or letters incur a charge of \$15-\$35.

CANCELLATION POLICY - NON-PICKED UP ITEMS

- **CUSTOM PRODUCTS:** Eyeglass, lenses, and/or contacts are custom made for you and your prescription in a frame you choose. We can remake your lenses one time before 45-days from notification, if a problem arises. If a return is required, regardless of insurance, a 15% restocking fee is assessed and store credit is given. No returns will be accepted after 45-days. There is never a refund on any services performed.
- **PROBLEMS:** Changes/rechecks on glasses, contacts, etc. must be presented within 45 days of your exam/notification or additional charges will apply.
- **PRODUCT PICKUP :** Product MUST be picked up within 45-days of notification. (Read below)...
- **UNCLAIMED ITEMS PAST 45-DAYS:** Product past 45-day will be auto shipped to the address on file using USPS tracking. \$20.00 shipping will be charged to your CC on file or due at your next appointment. No refund or cancellation. PLEASE PICK UP YOUR ITEMS.
- **MISSED OR CANCEL LED APPOINTMENTS:** \$45 charge for all missed or appointments not canceled within 24-hours.

Signature (Responsible for Account): _____

Print Patient Name: _____ Date: ____/____/____

- CREDIT CARD ON FILE POLICY -

REQUIRED FOR MEDICAL CARE - RECOMMENDED FOR VISION

AFTER YOUR INSURANCE PROCESSES 2 STATEMENTS WILL BE SENT IN TOTAL

- **BALANCE \$25.00 OR LESS**
 - Balances of \$25.00 or less, credit card on file is **AUTOMATICALLY BILLED**. Receipt sent upon request.

- **BALANCE OVER \$25.00**
 - Statement sent and payment is due within 14-days (ex. cash, check, charge, online, etc).
 - **Payments not received after 14-days, card on field will be charged full amount.**

- **OTHER:**
 - 10% late fee assessed after 14 days and per month
 - Collections after 60 days. Patient assumes all collection fees (33% plus court, attorney etc).
 - If a refund is owed, it will be placed on your card within 3-days or mailed by check.

CARD STORED AT CHECKOUT - STORED WITH PROCESSOR NOT OFFICE

CARD TYPE: VISA MasterCard Discover Care Credit Debit Flex Spending

CC Number: XXXX-XXXX-XXXX- **EXP. DATE:** ____/____

Other Patient(s) Card is Approved for:

NAME	Relationship
1)	
2)	
3)	
4)	

I understand I am responsible for all remaining balances including: co-pays, co-insurances, deductibles, denials and any non-covered service as deemed by my insurance(s) or office policy. Remaining balance of \$25.00 or less will automatically be billed to my credit card above and a receipt can be requested.

- I authorize Joliet EyeCare Associates to keep this information on file (through the credit card processor - not in office) and charge my card for payment and refund purposes only.

Signature of Card Holder

_____/_____/_____
Date



- CREDIT CARD ON FILE -
REQUIRED IF USING ANY MEDICAL INSURANCE

Form 2020

Due to many challenges of collecting payments by insurances and patients, our office now requires a form of payment on file. Unfortunately, billing to any insurance does not mean guaranteed payment and you are responsible for any overages or unpaid services/amounts.

How is it Stored

Our Merchant Service, the EXACT same processor used in our office hold your card information. Secure, confidential, and fully PCI compliant. Our office does not have access to your credit card information or number.

TERMS

After your insurance claim is processed if:

- **\$25 or less** your card will be automatically billed. You can request a receipt at anytime.
- **Over \$25** one statement will be sent and payment is required within 14-days (cash, check, online, etc.). If balance is not paid within 14-days, card is automatically billed for the amount.
 - If payment is not received from your insurance within 60-days you will be notified and have 14-days to make payment or the **amount due will be charged** to your credit card on file.
 - You will receive 2 statements total, any unpaid balances (with 10% interest fee) will be sent after 45-days to collections. You will be responsible for all collection fees including court and attorney costs.
 - If a refund is owed it will be issued to the card on file.

What If I Do Not Want to Leave a Credit Card On File

If your visit is being billed through your **MEDICAL INSURANCE**, our office requires a credit card on file or a deposit for medical care/testing. When your insurance processes, if a refund is owed, it will be issued within 5-days by check (or credit card on file).