CREDIT POLICY

Our credit policy is designed to hold down costs without having to sacrifice the quality of our care. Please read this policy carefully. If you have any concerns or questions, we will be happy to discuss them with you.

1. *PAYMENT* - Payment is expected at the time services are received unless specific credit arrangements are made in advance.

2. *BILLING* - We will bill for patients who have VSP, Medicare, Eyemed, MES, and Anthem Blue Cross PPO. The patient is responsible for any co-pays, deductibles and non-covered charges. Please ask our office manager regarding coverage with other insurance companies.

3. *INSURANCE CLAIMS* - Our statements are designed to simplify processing of insurance claims. You are required to pay your account balance and your insurance carrier may reimburse all or a portion of your balance. Please inquire with your insurance carrier as to the amount of reimbursement.

4. *DELINQUENT ACCOUNTS* - Accounts over 30 days will be subject to a monthly finance charge of 0.83% (10% a.p.r) added to the balance of your account. Accounts over 90 days old are considered delinquent and will be subject to legal collection procedures.

5. *PAYMENT METHODS* - We accept cash, checks, Visa and Mastercard. Returned checks are subject to a $15.00 service fee plus the amount of the returned check.

I guarantee payment to Dr. Gronquist for services and materials provided. I further agree, in the event of non-payment, to bear the cost of collection and/or court costs and reasonable legal fees should they be required. I also understand that payment is due at the time of the examination or at the time of dispensing the materials. There is an annual finance charge of 18% added to all past due accounts.

Method of Payment:
☐ Cash/Check/Credit Card   ☐ Medicare # _____
☐ Vision Insurance _____   ☐ Medical Insurance _____

_____
Signature of person responsible for payment   Date