CLARITY
EYE CENTER
personalized eye care

Patient Name_____

Payment Agreement

All payments are due at time of service. This includes deductibles, copays, coinsurance and any other non-covered services.

Contact Lens exams are a non-covered service. Your specific cost will be reviewed with you and is due at time of service.

We are not providers on any vision plans.

Refraction is done to determine your clearest, sharpest vision. A refraction is essential to determine if the decrease in vision is due to a change in your prescription or if another medical reason exists. This procedure is not covered by Medicare or most insurance companies. Patients with Medicare will be required to pay the fee at the time of service. We hope you understand the importance of determining your best corrected vision is essential to your eye exam and proper diagnosis.

Additionally, we may charge a no show fee of $25 for each appointment without 24 hour notice of cancellation.

I understand that I am financially responsible for all services rendered to me. Unless prior mutually agreed upon financial arrangements have been made by Clarity Eye Center and me, **I will pay in full for all services rendered to me. Clarity Eye Center reserves the right to charge finance fees on any unpaid balance requiring collection services.**

I request that payment of authorized insurance benefits be made on my behalf to Clarity Eye Center for any services rendered by Clarity Eye Center. **For Medicare/Medicaid Patients**: I request that payment of authorized Medicare/Medicaid benefits be made to me or on my behalf to Clarity Eye Center for any services furnished me. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents needed to determine these benefits payable for related services.

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Signature of Patient or Responsible Party Date

Acknowledgement of Receipt of Notice of Privacy Practices

I (the undersigned) acknowledge that I have been provided a copy of Clarity Eye's Notice of Privacy Practices effective September 2017.

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Signature of Patient or Responsible Party Date