

Bella Optical Financial Policy

Thank you for choosing Bella Optical for your eye care needs. We are committed to providing you with the best possible medical care. Our personnel will be pleased to discuss our fees and this policy with you at any time.

Payments for service are due at the time services are rendered. We accept cash, checks, VISA, MasterCard, Discover, and American Express.

We accept most major insurances. Any copayments/deductibles must be paid at the time of the appointment. In order to verify insurance benefits or file an insurance claim, the following information must be provided:

- Patients name, social security number and date of birth
- Policyholder's name, social security number and date of birth
- Insurance Carrier and member ID/group number

If you choose not to provide information on the policyholder, or yourself, we will not be able to file your claim and you will be responsible for filing the claim yourself. You will be required to pay the full cost of the visit at the time of your appointment. Adjustments/refunds will be made to you after we receive reimbursement/notification from the insurance company.

Financial Agreement

You must understand that:

- Your insurance policy is a contract between you, your employer, and the insurance company. We are NOT a party to that contract. Our relationship is with you. We can not become involved in disputes between you and your insurer regarding deductible, co-payments, covered charges, secondary insurance and "usual and customary charges":
- All charges are your responsibility whether the insurance company pays or does not pay. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.

Again, thank you for choosing Bella Optical as your eye care provider. We appreciate your trust in us and we appreciate the opportunity to serve you.

Patient Signature: _____

Date: _____