

Peepers Optical Financial Agreement

Dr. Raymond McCleery, O.D.
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Dr. Joseph Borden, O.D.

Methods of Payment
Payment for services provided is expected on the date of service, unless other arrangements have been made in advance. We accept cash, personal checks, and credit cards (MasterCard, Visa and American Express).
Vision Insurance
As a courtesy, we will file insurance claims with all standard carriers for which we have a provider agreement. The patient authorizes the exchange of information relating to the care and claims with the patient's insurance company and authorizes insurance payments to be made directly to Peepers Optical for services provided under the patient's insurance agreement otherwise payable to the patient. The patient is responsible for providing us with complete insurance information for the accurate filing of claims. This includes all identification and insurance benefit cards/documents for both primary and secondary insurance coverage (where applicable). Payment for services not covered by your plan will be the responsibility of the patient. Any insurance claims that are denied or remain unpaid by the insurer after 60 days of claim submission becomes the responsibility of the patient and payment of the unpaid amount will be due in full.
Contact Lens Evaluation Fees
Contact Lens Evaluation Fees start at \$40 and increase in accordance with a change in your prescription and/or the type of contact lenses prescribed. The contact lens evaluation fee covers the fitting of the lenses, the diagnostic lenses dispenses, and 2 follow-up appointments within a 60-day period. Each visit that falls outside these parameters will be charged a \$25 office visit fee.
Fees for Outstanding Balances
The patient hereby acknowledges and understand that should an account becomes delinquent it will be subject to collection services, and any balance that remains outstanding will accrue finance charges at the rate of 1.58% monthly (19% APR).

I acknowledge that I have received a copy of Peepers Optical Notice of Privacy Practices.

Patient/ Guardian Signature

Date

Patient/ Guardian Signature

Date

Patient/ Guardian Signature

Date