

# Ammons Perry Optometric

## Financial Policy

- We request that payment be made at the time professional services (eye examinations, special testing, office visits) are provided. Eyeglasses require a 50% deposit when ordered, with the balance due at the time of dispensing. Contact lenses require 100% payment before ordering. Prescriptions will not be released if there is an outstanding balance on the account. For your convenience we accept cash, check, Care Credit, Discover, Mastercard, and Visa.
- All sales from Ammons Perry Optometric are final. No refunds. No exchanges.
- **Insurance: we are providers for certain insurance plans and are happy to file those claims for you. You are responsible for paying any co-pays, deductibles, and items not covered by your insurance at the time of your visit. After receiving your explanation of benefits, you are responsible for any other amount determined by your insurance company. We ask patients with insurances we are not providers for to make payment in full when services are rendered. You will be given an itemized statement at the time of your visit, to submit to your insurance company for reimbursement, if applicable.**
- **Occasionally, insurance information is incorrect. This is not a guarantee of coverage. If, for any reason, your insurance company does not honor the stated obligations, you will be responsible for all charges.**
- **Contact Lens Wearers require additional testing that may not be included in Vision Coverage.**
- **Medicare and Medicaid do not cover contact lens evaluations or contact lens materials. Patient is responsible for these fees.**
- If payment from your insurance company has not been received within 60 days, you will be responsible for paying your account balance in full.
- Finance charges, at the rate of 1.5% per month (18% APR), will accrue on all outstanding balances. You can apply for CareCredit, to avoid finance charges.
- In some families, the question of who is responsible for the child's bill is uncertain. We are not party to any separation agreement or court order. This is strictly a matter between the parents. We must insist, therefore, that the parents who requests treatment for the child will be responsible for all fees incurred.
- A service charge of \$30 will be charged for all checks returned for insufficient funds, stop payments, or for any other reason.
- If our office takes legal action to collect any unpaid charges, you will be billed the cost of attorney services, court costs, and a collection fee of 30% of the balance, in addition to any unpaid balances.
- If your account becomes delinquent and it is necessary to use a collection agency, you will be charged the past due amounts plus any charges incurred by the collection agency.

If you have any questions, please feel free to discuss them with us.

Arden Location: 140 Airport Road, Suite L, Arden, NC 28704 \* 828-687-7500  
Fairview Location: 1509 Charlotte Highway, Fairview, NC 28730 \* 828-628-6700