



## Golden Optical Payment Policy

1. Your insurance co-pay(s), payment for doctor services and hardware are due in **full** at the time services are provided. We accept cash, checks, Visa, MasterCard, American Express, and Discover.
2. As a courtesy, we will bill your vision and/or medical insurance company according to the information you give us. However, you are still responsible for your account. If your insurance does not pay, or pays less than expected or you have provided us with the incorrect information, the unpaid balance is your responsibility. Your carrier is your best source of information regarding benefits and eligibility. ***Insurance coverage and provider eligibility are the ultimate responsibility of the patient to verify.***
3. A parent/guardian bringing in a minor/child will be financially responsible for all services incurred.
4. A \$25.00 fee will be assessed to all those accounts whose checks are returned due to lack of funds, and are subject to Oregon Law, ORS #30.700, which states legal action can be taken for 3 times the amount of the check or \$100.00, whichever is greater.
5. No prescriptions will be released until your account is cleared.
6. Your signature authorizes us to contact references in case it becomes necessary to locate you. If it becomes necessary to transfer a past due account to a collection agency, we will no longer be able to provide service to that patient.
7. I understand I am ultimately financially responsible to Golden Optical for services and products obtained while a patient of Golden Optical.