

Payment and Insurance Information

Please present your insurance card to our receptionist

- Payment is due in full for professional services on the day of your examination
- Payment of ½ the total cost of any merchandise (eg; glasses, contact lenses) is required when the order is placed. The balance is due in full upon receipt of the merchandise
- We do not provide payment plans (exception: CareCard)
- Bankcards accepted: MasterCard, Visa, American Express

For those with health insurance:

Vision insurance may be an *optional* coverage under your health plan (similar to dental coverage). Please verify that you are covered for vision.

Insurance eligibility information that is given to us by your insurance company is not a guarantee of coverage. Any balance is the sole responsibility of the billpayer.

Patient's Primary Health Insurance: _____ Group # _____

Subscriber Name: _____ Subscriber # _____

Secondary Health Insurance _____ Group # _____

Subscriber Name: _____ Subscriber # _____

Name of Vision Insurance Company: _____

I authorize Broadway Vision Source or the insurance company to release information required to process my claim. I authorize my insurance benefits to be paid directly to Broadway Vision Source. I accept financial responsibility for all account balances. I understand an annual interest rate of 12%, 1% per month, or a minimum rebilling fee of \$2.00 per month will be applied to all patient- responsible balances over 90 days.

Signed (Guarantor) _____ Date: _____