

CONCERNING INSURANCE

Insurance claims are submitted promptly after treatment is rendered. You will be expected to pay a portion of the total fee on the day of your service. In the event the insurance company has not paid by the 61st day after treatment was rendered the patient will become responsible for the entire balance due.

Please be advised that your vision insurance is an agreement between you and your insurance company and not between the insurance company and our office. Our administrative staff prides itself on helping our patients maximize their benefits, but cannot be held responsible for non-payment. Providing the correct insurance information to this office will be your responsibility and will help expedite payment.

Signature of Patient, Insured, or Beneficiary

Date

CONCERNING SERVICE CHARGES

Be advised that the policy of this office is interest of 1.5 % per month (18% ANNUAL PERCENTAGE RATE) and will be applied to all accounts over 90 days. Regardless of the insurance involvement. There will be a \$25.00 handling fee for any RETURNED CHECKS.

Signature of Patient, Insured, or Beneficiary

Date

C. Richard Snively, Jr. O.D.
120 Beulah Rd. Suite 101
Vienna, VA 22180