

**GLENDALE EYE MEDICAL GROUP
FINANCIAL POLICY**

500 North Central Avenue, Suite 400 • Glendale, CA 91203
(818) 956-1010 • fax (818) 543-6083

We respect your time and we would like to make your visit to our office as efficient and pleasant as possible.

We accept Visa, MasterCard, American Express and Discover as well as ATM/Debit Cards, cash and personal checks.

CASH: Payment in full is expected at the time services are rendered.

INSURANCE: Any Co-payments, co-insurance and deductibles will be collected at the time services are rendered. Your insurance reimbursement may not cover the full cost of your exam and you may receive a bill. You are also responsible for the \$50.00 refraction fee which is NOT covered by your medical insurance.

SHOULD WE HAVE TO BILL YOUR CO-PAY OR REFRACTION, A \$10 ADMINISTRATIVE FEE WILL BE INCURRED.

MEDICARE: You are responsible for the Medicare deductible for the current year. You are also responsible for the 20% of the Medicare allowed amount, which is the amount not paid by Medicare (if you do not have adequate supplemental insurance), and you are also responsible for the \$50 refraction fee which is not covered by Medicare.

SHOULD WE HAVE TO BILL YOU FOR YOUR REFRACTION, A \$10 ADMINISTRATIVE FEE WILL BE INCURRED.

Please sign below that you have read and understand Glendale Eye Medical Group's financial policy.

Patient Signature: _____

Date: _____