

# OFFICE PAYMENT POLICY

**Baldwin Optical** provides their services to you, not your insurance company. Because of this fact, you are responsible for payment of any bill incurred in this office. We cannot provide services assuming that the insurance company will come through with payment. However, as a courtesy to you, we will bill your primary insurance company for charges incurred in this office. If payment has not been made by your insurance company within 60 days we will expect you to pay the balance in full. It will then be your responsibility to collect from the insurance company. We will also be happy to send a bill to your secondary insurance.

You are responsible for all deductibles and charges not covered by insurance. Please understand that we cannot become involved in prolonged insurance negotiations. That is your responsibility. Please contact your insurance company to determine if we are a provider in their network.

All co-payments and/or percentages that your insurance company requires you to pay must be made at the time of your visit. We accept cash, personal checks and most major credit cards.

If you do not have insurance, payment is due at the time services are rendered. Any account that has been left unpaid after 30 days will be charged a service fee of \$5.00 per month.

Patient Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Signer must be 18 years old or older)

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_