

**Tomball Vision Clinic**

1231 Alma Street/ Tomball, TX 77375/ (281) 351-7378

**Written Financial Policy**

Thank you for choosing Tomball Vision Clinic. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible by offering several payment options.

**Payment Options**

You can choose from:

- Cash, Check, Visa, Mastercard, American Express or Discover
- CareCredit healthcare credit card. CareCredit is the preferred healthcare credit card providing special financing and payment options\* for out-of-pocket medical expenses. Ask about how the CareCredit healthcare credit card can help you.

**Please note:**

It is customary to pay for professional services when rendered. You will be responsible for any co-payments, deductibles or non-covered services as determined by your insurance company.

**\*\*WE DO NOT ACCEPT MEDICAL INSURANCE, JUST VISION\*\***

If you have a separate plan that covers routine or annual eye examinations and/or glasses, please let us know. We will bill your vision plan as above. \_\_\_\_\_ (initial)

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You are responsible for payment prior to the beginning of your exam or consultation. \_\_\_\_\_ (initial)

**MINORS ACCOMPANIED BY AN ADULT:** the adult accompanying a minor and his/her parents (or guardian) are responsible for payment prior to the beginning of your exam or consultation. \_\_\_\_\_ (Initial)

In accordance with our contract and with your insurance provider, we are responsible for collecting, and you are responsible for paying, all payments at time of service. \_\_\_\_\_ (initial)

Tomball Vision Clinic requires a \$25.00 deposit for **ALL OVERDUE** contact wearers trials. Please speak to one of our ~~staff~~ if you have questions about how this deposit is applied and the terms and conditions determining whether it is refundable. \_\_\_\_\_ (initial)

Tomball Vision Clinic requires a payment be made in full at the time of the delivery of your optical purchase. \_\_\_\_\_ (initial)

Tomball Vision will verify your insurance eligibility prior to your appointment. \_\_\_\_\_ (initial)

If you have any questions, please do not hesitate to ask. We are here to help you get the quality care you want or need.

\*Subject to credit approval

\_\_\_\_\_  
Patient, Parent or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Name (Please Print)