



Dr. Stephanie Wilken

Dr. Bret Wilken

Financial Policy

We are pleased to welcome you to our practice. Our desire is to provide you with the highest quality of vision care. In order to make your visit a smooth transaction, we want to make our financial policies clear before treatment starts.

1. Payment for services is due at the time services are rendered. We require at least ½ down at time of order of all materials. Balance must be paid in full at or before pick up.
2. As a courtesy, we file your insurance for you and accept assignment of benefits. Some insurance companies will not accept assignment of benefits to out of network providers. In this case, you are responsible for payment in full at the time of service.
3. You are responsible for paying all charges not covered by your insurance company, including all deductible, co-insurance and any fees considered above your insurance company's usual and customary fee schedule.
4. We will not carry balances longer than 90 days and will send you monthly statements to notify you of any accrued balances. If it remains unpaid after 90 days a collection service will be employed to collect payment.
5. There will be a \$35 service charge on all returned checks. If the returned check is not paid within 30 days, it will be sent to the Dallas County District Attorney's office.
6. As a courtesy, we call the day before your appointment to confirm the time and day. We will allow one no-show per patient. If it happens a second time, a \$25 no-show fee will be applied.

Authorization

I have read and accept the above Financial Policy. I understand and agree to the terms set forth regarding payment.

Signature of responsible party

Date