

Jason C. Cheung, M.D., P.S.
Melissa L. Rice, O.D., FAAO
Financial Policy

Thank you for choosing Dr.'s Cheung and Rice as your health care providers. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

FULL PAYMENT OF COPAYS, AND NON-INSURED PROCEDURES ARE DUE AT THE TIME OF SERVICE. WE ACCEPT CASH, CHECKS, VISA, MASTERCARD, AND DISCOVER. A \$5 BILLING FEE IS CHARGED IF WE HAVE TO BILL YOU.

Regarding Insurance

We may accept assignment of insurance benefits. However, we do require any co-pays, or non-covered procedures to be paid at the time of service. The balance is your responsibility whether your insurance company pays or not. Your insurance policy is a contract between you and your insurance company. We are not a party to that and we expect you to know what your insurance covers and what it does not. As a courtesy to you, we will bill most insurances for you. If your insurance company has not paid your account in full within 45 days of service, the balance will be automatically transferred to you. Please be aware that some, and perhaps all, of the services provided may be non-covered and not considered reasonable and necessary under your insurance. **We are not providers with VSP, Davis/Blue Vision, Eye Med, or Spectera.**

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area for specialists. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates, or their determination of not medically or not covered procedures.

All Patients

All patients are responsible for full payment of co-pays, **non-covered refractions**, and other non-covered procedures at the time of service. A cash discount is offered on the day of service for non-covered procedures.

Missed Appointments

We will charge you **\$80** for each missed appointment. Also, if you do not show up for your scheduled appointment two or more times, or cancel/reschedule with less than 24 hours notice, we will dismiss you from our care. Please help us serve you better by keeping scheduled appointments, or calling to reschedule no less than 24 hours in advance.

Rebilling Fee & Bounced Checks

We will charge you a rebilling fee of **\$5** each time you do not pay from the first statement sent to you for balances due us. If there is a check returned from the bank on your account (Non Sufficient Funds) you will be charge **\$50** for each occurrence.

Thank you for reading our Financial Policy. Please let us know if you have questions or concerns.

I understand and agree to this Financial Policy:

X _____ Date _____
Signature of Patient or Responsibility Party