

IMPORTANT INFORMATION REGARDING PAYMENT:

We make every effort to give accurate information regarding *participation* with your insurance plan. We encourage patients to contact their insurer for specific information regarding networks, coverage for services, deductibles and copays. We cannot guarantee any information we obtain about your individual policy is up to date.

Patients are responsible for any and all fees not covered by their insurance. Co-pays and fees for non-covered services (i.e. refractions and contact lens fittings) are due at the time of service.

Please provide *valid* insurance identification at each visit. *Unpaid balances become the responsibility of the patient after 45 days if we have received inaccurate or incomplete insurance information.*

Arleo Eye Associates will charge \$25.00 for appointments that are not canceled or rescheduled at least 24 hours prior to the appointment time.