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# KALAMAZOO OPTOMETRY

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## FEE AND PAYMENT POLICY

At Kalamazoo Optometry we are committed to providing you with the best possible health and vision care, and also want you to receive your maximum allowable benefits via vision or medical insurance. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

Reasonable and customary fees are charged according to the services provided. At the completion of your visit, you will receive a statement of services rendered and fees charged. All payment and/or co-pays are due at the time services are rendered (unless payment arrangements have been approved in advance by our billing/insurance coordinators.) We accept cash, checks, Visa, Mastercard, Discover or Debit card.

We must emphasize that, as vision providers, our relationship is with you, not your insurance company. While the filing of insurance claims is a courtesy that we extend to all patients, all charges are your responsibility from the date the services are rendered. If financial problems arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have multiple insurance coverage, we will process your primary insurance and follow-up with your secondary carrier (if we are contracted with that company). For all other insurance companies that we are not contracted with, we will be happy to provide you with any paperwork necessary for you to submit for reimbursement. We will be happy to help you process your insurance claim. However, you are ultimately responsible for all charges. If the insurance company does not respond to your claim within 30 days of submission, you will be responsible for the services rendered.

Returned checks will be charged a \$25.00 services fee. If there is no response from you in 7 days, the check will be turned over to a collection agency. Balances older than 30 days will be subject to interest charges of 1.5% per month.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that your insurance is a contract between you, your employer and the insurance company. Not all services are covered benefits in all insurance contracts. Some insurance companies arbitrarily select certain services that they will not cover.

If you have any questions about the above information or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We are here to help you.

As a patient of Kalamazoo Optometry, I understand the payment policies listed above.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_