



THE EYE CENTER

Nicole D. Verachtert, O.D.

of Parkville

Stephanie A. Staatz, O.D.

TIMELY PAYMENT RESPONSIBILITY AGREEMENT

At The Eye Center of Parkville our mission is to provide excellence in eye care services and ophthalmic products. We truly value the relationships that we share with our patients and their families.

With this in mind, it is necessary that we all understand the policies and procedures regarding timely and accurate payments. Patients are ultimately responsible for all transactions they incur at The Eye Center of Parkville. In cases where Vision or Medical Health Insurance is involved, each patient is responsible for the fees that their Vision or Medical Health Insurance does not cover.

Payment for all optometric professional services (exam fees, contact lens fitting fees, etc.) is due at the time of the service.

Payment for ophthalmic products (eye glasses and contact lenses, etc.) is due at the time of ordering.

We appreciate the opportunity to care for you and your families' eye care needs. If there are any questions regarding the procedures and/or policies at The Eye Center of Parkville, please feel free to inquire with our staff members or doctors.

I acknowledge that I have read, understand, and agree to the Timely Payment Responsibility Agreement.

Name: _____ Signature: _____

Minor child's name: _____

Parent/Guardian signature: _____ Date: _____