

**Allisonville Eye Care Center**  
**10967 Allisonville Road/Suite 120/Fishers, IN**

Patient Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email: \_\_\_\_\_

Any change(s) to vision or medical insurance (please circle)? YES/ NO

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***Insurance and Financial Policies for 2023***

Co-payments and fees not covered by your insurance are due upon the date of service. We will file claims for services rendered to the appropriate insurance payer in good faith. All medical eye care is subject to any insurance deductible. It is the patient's responsibility to know the specifics of the insurance plan and to pay any amount applied to the deductible. Any unpaid balances that are left after 90 days will be subject to a monthly \$5.00 late fee and additional service fee of up to 35% of your balance, if sent to collections.

A minimum of 50% DOWN PAYMENT is required on all materials to start your order. Any remaining balance will be due upon dispensing of eyewear. NO CASH REFUNDS ON MATERIALS WILL BE ALLOWED.

CONTACT LENSES are medical devices requiring additional evaluation to ensure proper eye health, vision, and comfort. The fee for these services is not included in other eye care provided and varies with the contact lens type and complexity of the professional service. This fee starts at \$84 and is most often not fully covered with vision insurance or other insurance plans. Fees for professional services are due in full on the service date and contact lens materials require a minimum 50% deposit to order.

No contact lens prescription can be released until the lenses are finalized, which may require a mandatory follow-up visit. Please ask for any clarification needed about the policy on contact lens materials or services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Responsible Party