

Dr. Christine Beiling  
Dr. Timothy Earley  
Dr. Jessica Simon  
Dr. Sandra Travagianti  
Optometrists



## Medina Vision and Laser Centre

### Patient Information

(Note: Please fill in ALL of the information or mark N/A - Use Black Ink)

4463 Weymouth Road  
Medina, Ohio 44256

Phone: (330) 722-2150

Fax: (330) 722-2055

## BILLING POLICY

All copays and balances are **DUE AT THE TIME OF SERVICE**. Final coverage and benefits will be determined once the insurance company processes the claim and any additional amounts not covered may become YOUR RESPONSIBILITY.

Balances on accounts must be paid in full **BEFORE YOU CAN RECEIVE MATERIALS AND/OR PRESCRIPTIONS**. Overdue balances are to be paid in full within a 60 day grace period. All accounts over **60 DAYS OLD ARE SUBJECT TO A MONTHLY INTEREST CHARGE OF 1.5%, ANNUAL RATE OF 18% AS WELL AS A \$25.00 LATE FEE**.

Please make every effort possible to satisfy balances accordingly to avoid accumulating interest and possibly having your account turned over to a collection agency. **PATIENTS WHO HAVE THEIR ACCOUNT TURNED OVER TO A COLLECTION AGENCY ARE DISCHARGED FROM MEDINA VISION CENTRE INC., AND ARE SUBJECT TO AN ADDITIONAL \$25.00 COLLECTION FEE.**

If you have any questions regarding this policy please speak to our billing department.

I have read this policy in full; I understand and agree to the terms of this policy.

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ pm \_\_\_\_\_ am

I plan on paying for my visit today by:

Cash  Check  Credit

Completing the signature field with name will constitute replacement of written signature.

