

# **Self-Pay Policy**

### **Fees**

Our Standard fee for a New patient office examination and Established Dilated Examination is \$350.00, which includes \$30 refraction fee. Our standard fee for a follow-up visit is \$175.00.

### **Discount offered**

We offer self-pay patients a discounted price of \$250 (18 years of age and older) and \$200 (17 years of age and younger). This includes the dilated eye exam and refraction (new patients and annual visits). Follow-up visits are discounted to \$80.

#### **Additional Treatments**

Additional fees may apply to procedures such as contact lens exams and fittings, visual field testing, and foreign body removal to name a few. This will be discussed with you prior to any treatment. Payment is due at the time services are rendered. All additional fees will be collected at check-out.

## **Payment Options**

We accept Cash, Personal Check, Visa, Mastercard, Discover, and American Express.

I have read and understand the above information. I accept full financial responsibility for services rendered and/or performed by Lotus Vision, and understand payment is due at the time of services. Any returned checks incur a \$35 return check fee.

| Patient Name:                          | Date of Birth: |  |
|--|----------------|--|
| Signature Patient/Responsible Party: _ |                |  |
| Date:                                  |                |  |