



103 W. South St.
Woodstock, VA. 22664

158 Front Royal Pike
Suite 303
Winchester, VA. 22602

(540) 409-5254 Office * (540) 409-5253 Fax

Financial Policy

- (initial) _____ We make every effort to provide prompt medical care to each of our patients. Effective September 1, 2012, if you are unable to keep your scheduled appointment, a 24 hour notice to cancel the appointment is required. If proper notification is NOT received within 24 hours, I understand I will be charged a "no-show" fee of \$25.00. This pertains to appts scheduled Mon-Fri.
- (initial) _____ Effective September 8, 2014, Eye Care Physicians & Surgeons, PC, will offer Saturday appointments. If you are unable to keep your scheduled Saturday appointment, a 48 hour notice to cancel is required. If proper notification is NOT received within 48 hours, I understand I will be charged a "no-show" fee of \$50.00.
- (initial) _____ If there is an identified pattern of no-shows, defined as three (3) or more consecutive times within one (1) year, I understand I may be discharged from the practice.
- (initial) _____ It is our intention to maintain all patient accounts in our office. However, if your account becomes past due, the office will take the necessary steps to collect this debt. In the event your account is turned over to our collection agency, collection fees will be added to your account balance. I understand I will be responsible for all collection fees, up to 50% of my total account balance.
- (initial) _____ If payment is made on an account by check, and the check is returned as Non-Sufficient Funds (NSF) or Account Closed (AC), I understand I will be responsible for the original check amount in addition to a \$35.00 service charge.

* All fees/charges quoted above are subject to change at any time, and without prior notification.

Patient Signature

Date