

# ADVANTAGE EYE CARE

7677 SOUTH MAPLE STREET – MIDVALE, UT 84047 – (801) 288-0882

538 SOUTH STATE STREET – OREM, UT 84058 – (801) 373-1711

DR. JAMES M. ABRAHAM, O.D. & ASSOCIATES

## ADVANTAGE EYE CARE ORDER AND PAYMENT POLICY

Payment for Co-Pays & professional services is required at the time the service is rendered. If ophthalmic materials are prescribed, a deposit of at least 50% is required before the glasses will be ordered from the lab and the balance is to be paid in full within 30 days or at the time of dispensing whichever comes first. When the order is complete, a phone call will be made to notify the individual that it is ready to be picked up. If possible a message will be left. If we receive no response within 30 days and the order is still here it will be returned to stock. All orders left over 90 days will be considered abandoned and will be forfeited without notice. Regardless of the time an order is held for pick up I understand that I will be financially responsible for all of Advantage Eye Care's non-recoverable costs associated with completing the abandoned order. This may include but not limited to such charges as outside lab work costs, shipping charges and or a 10% re-stocking fee.

When Advantage Eye Care bills out to your insurance company, it is a courtesy to you and our regular and usual customary fees apply. Sale or promotional pricing cannot be combined with nor billed to insurance companies. Should insurance fail to submit payment, I agree that I will be obligated to pay for all materials and services provided to me or for the individual for whom I have Legal Responsibility. I fully understand that it is my responsibility to provide Advantage Eye Care with my correct/updated and complete insurance information.

I agree to pay all amount(s) owed within 30 days of when such amount(s) incurred. However, regardless of insurance coverage, I agree that it is my responsibility to pay any and all amounts owing as set forth herein. I agree that interest will accrue on all past-due amounts at the rate of 18% annum (1.5% per month) until paid in full. In the event that any amount(s) is/are referred to a third party debt collection agency, I agree that in addition to any other amount(s) allowed for by law, (such as interest, court costs, reasonable attorney's fees, exc.) I will also be responsible for a collection fee of up to 40% of the principal amount(s) owing as allowed by Utah Code Annotated, sec. 12-1-11. The terms of this paragraph shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.

I \_\_\_\_\_ agree to the above policies set forth by Advantage Eye Care.  
(Print Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_