

Sites Vision Clinic 931 647 5237 (phone)
621 N. Riverside Drive 931 647 5254 (fax)
Clarksville, TN 37040 www.SitesVisionClinic.com

Sites Vision Clinic Payment Policies

As a courtesy to you, our office will file your insurance for all reimbursable services to both your primary and secondary insurance carriers. Please remember that you are responsible for all deductibles, co-pays, and non-covered service amounts for the date of service you are seen.

We accept cash, debit/credit cards, check, money order, and care credit.

Billing: You may receive a bill from our clinic after your charges have been processed by your insurance carrier(s) or if we haven't heard from your insurance after an extended period of time. It is your responsibility to contact your insurance company if you have not received an Explanation of Benefits (EOB). All non-covered charges and remaining charges after your insurance has been paid are due and payable within 30 days of billing.

I agree to pay all costs of collections including legal fees, collection fees, and contingent fees to collection agencies immediately upon default of my account.

I authorize the release of any medical information necessary to process my claim(s).

I authorize payment of medical and vision benefits to Sites Vision Clinic.

Date _____

(Signature of Patient)

_____ (Print Name)