

Rebecca Sparks, OD  
Sparks Eye Care LLC  
307 W Highway 54, Ste 100  
Andover, KS 67002  
316-201-1837

## FINANCIAL POLICY

Effective 2/1/18

The patient/guarantor is responsible for providing Sparks Eye Care LLC with current, active insurance information. A copy of the insurance card will be scanned into your chart. If your insurance changes, please notify our office immediately. Insurance co-payments are due at time of service. Sparks Eye Care LLC will submit claims to your primary and secondary insurance as indicated. Once the insurance has processed, an account statement will be mailed to the guarantor of the account for any non-covered services, deductibles, or co-insurance. Payment is due in full within 60 days of the first statement. Patients who fail to pay the account balance within 60 days will become inactive and unable to schedule appointments or receive refills until paid in full. Patients who fail to pay within 90 days of the first statement will be sent to a collection agency, unless individual payment arrangements have been made. Balances referred to a collection agency are subject to a 15% fee. In certain circumstances, Sparks Eye Care LLC may contact your insurance in advance to inquire about coverage for special procedures, tests, or eyewear. If it is determined that the service is not covered or will be applied to your deductible, we may require payment in advance. Sparks Eye Care LLC accepts personal checks (payable to Sparks Eye Care), Visa, MasterCard, American Express and Discover credit cards.

I have read and understand the Financial Policy of Sparks Eye Care LLC.

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Signature of Patient or Patient's Representative/Guardian

Date

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Print Name

Relationship to Patient