



Our standard fee for a New Patient Office Exam is \$320.00. All New Patient Exams and Annual Established Patient Exams require a refraction. Our fee for this service is \$30.00.

Our standard fee for an Established Patient Follow-up Visit is \$175.00.

Discount Offered

We understand it is difficult for many of our patients to pay \$350.00 at the time of service. Because of this, we offer all of our cash-pay patients a discount. Our discounted fee for a New Patient Office Exam is \$150.00. All New Patient Exams and Annual Established Patient Exams require a refraction. Our fee for this service is \$30.00.

Under our discount program, \$180.00 is due at the time of service.

Our discounted fee for an Established Patient Follow-Up Visit is \$80.00

Payment Plans

We would be happy to put you on a payment plan if you cannot pay the full \$180.00 at the time of your initial service. However, if you default at any time on the agreed upon payment plan then you will be held responsible for the standard \$350.00 fee for a New Patient Exam.

Our payment plans require a minimum down of half of the total cost at the time of services rendered. A valid credit card will be kept on file to make undisputed payments at future dates. The full balance must be paid off within four weeks or your account will be submitted to our collection agency.

Any subsequent follow-up appointment charges, within the original four week period can be added to the total due of your original payment plan, and your plan will be extended by one week for each follow-up. Any appointments that are outside of the four week period will require a NEW payment arrangement and any previous plans must be paid in full before that will be arranged.

Please Note: There may be additional fees for services not listed above.

I have read and understand the above information. I accept full financial responsibility for services rendered and/or preformed by LOTUS VISION, and understand payment is due at time of service. I understand if monies are not available during the agreed upon transaction dates, my account will be placed in collections and I will also incur a \$35.00 service charge.

Signature of Responsible Party

Date

Print Name of Responsible Party