

# RED RIVER EYE & LASER C E N T E R

THOMAS A. PLANCHARD, M.D.

## PAYMENT POLICY

We hope you understand that credit and collection are a necessary part of assuring the financial resources needed to maintain our health care facility. Our policy is that charges for medical services rendered at our office are due and payable at **THE TIME SERVICES ARE RENDERED**. We understand that occasions may arise when it will be necessary for you to request a statement rather than to pay at the time of service. Also, we recognize the need to set up payment plans for patients who require extensive treatment, as we have always done. This policy also applies to glasses and contact lenses. All supplies and equipment ordered through our Optical Shop must be paid for at the time they are ordered. **THERE WILL BE NO EXCEPTIONS** to this policy.

Health insurance is an agreement between **YOU** and **YOUR** insurance company to pay a certain amount toward medical care. Your doctor's fees may be more or less than the fees allowed and paid by your insurance company. Your doctor's bill is an agreement between **YOU** and **YOUR DOCTOR**. You are responsible for the payment of your bill regardless of the status of your insurance claim. Payment to the patient's account **MUST NOT** be withheld or delayed due to pending insurance coverage of claims.

Charges for medical care rendered by Dr. Planchard are billed through our office and do not appear on your hospital bill. Insurance claims for your **DOCTOR'S** portion of your hospital stay should be filed through this office and not with the hospital.

In order to control our overhead, visits must be paid for at time services are rendered. We would rather control our costs than be forced to raise our fees.

I, the undersigned, have read and understand the above credit policy and agree to the terms therein.

---

Patient or Guardian

---

Date