



Dr. Thomas G. Cunningham, Optometrist

## PATIENT RESPONSIBILITY AGREEMENT

### Payment is Expected At Time of Service

For all patients, payment of insurance co-pays, deductibles, and services not covered by insurance are to be paid for at the time the service is rendered. There will be a **\$5 billing fee** charge to cover our administrative mailing costs if payment is not made at the time of service. Also, anyone submitting insurance paperwork after the original date of service will be charged a fee of \$5.

You are responsible for any balances not covered by your insurance, including rejected claims. While every effort will be made to submit claims in accordance with insurers' requirements for payment, **in the event of a dispute or rejection, you as the insured or guarantor are responsible for payment.** Insurance coverage for optical services is a benefit provided to you and the eligible members of your family. The insurance contract is between you and your insurance provider, and not between the insurance company and Cunningham Vision Centers.

We will be happy to provide you with whatever documentation is necessary to pursue your claim for reimbursement from your insurance company.

Insurance claims not paid within 90 days after the original date of service will become the responsibility of the patient/insured.

### PAYMENT RESPONSIBILITY FOR DIVORCED/SEPARATED PARENTS

The person who brought the child in for services is responsible for payment. This office cannot be responsible for collecting from any other individual.

- **Cancellation fee for all orders is \$25**
- **Returned check fee is \$30**
- **All coupons must be presented at time of service**
- **Payment responsibility for missed appointments \$20 fee**

**To avoid this fee a 24 hour notice is required**

(This payment is the responsibility of the patient; insurers do not cover this fee)

**I acknowledge that I have read and understood this payment policy.**

Signature

Date

555 E. MICHIGAN AVE.  
SALINE, MICHIGAN 48176  
734 429-4885 • FAX: 734 429-2389  
cvc\_saline@cunninghamvisioncenters.com

138 W. CHICAGO BLVD.  
TECUMSEH, MICHIGAN 49286  
517 423-2148 • FAX: 517 423-7120  
cvc\_tecumseh@cunninghamvisioncenters.com

[www.cunninghamvisioncenters.com](http://www.cunninghamvisioncenters.com)