



Thank you for choosing Sparta Optometry. Our goal is to provide you and your family with optimal vision care. We want you to feel as comfortable as possible throughout our relationship. We encourage you to ask questions and to be involved in treatment decisions.

As a courtesy to our insured patients, we are happy to submit vision claims to your insurance company if we accept your insurance. Please ensure that you bring your insurance card(s) with you to your visit so that we may keep our records updated. We will do our best to help you utilize your insurance benefits and inform you of your co-pays, but it is ultimately your responsibility to understand your individual policy.

If your insurance has not been paid within 60 days of service rendered, you will be required to make payment in full. It will then be your responsibility to pursue reimbursement from your insurance company.

We accept all major forms of payment, including: Cash, Check, Visa Card, Mastercard Card, Discover Card, HSA Card and Care Credit. We do not take American Express. We do not offer in-house financing.

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Exam payment is due at time of service. ½ Payment is due to order glasses and/or contact lenses and the rest if due to receive glasses and/or contact lenses.

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We require 24 hour notice for any appointment changes. You may be charged a \$25 fee for violation of this policy. Excessive cancellations or no shows may result in termination of our relationship and dismissal from the practice.

Please sign below as confirmation that you have read, understood, and accept the policies explained above. This policy applies to yourself and any minor children who attend Sparta Optometry. Thank you.

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Patient's Name (Please Print)

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Signature of Patient or Guardian

Date