



**In Focus Eyecare  
IFE Optical**

1701 First Baxter Crossing  
Suites 202 & 203  
Fort Mill, SC 29708  
803-802-6522

Dear Patient:

In an effort to provide you with flexible payment arrangements, we have expanded our payment policy.

PAYMENT ARRANGEMENTS ARE REQUESTED AT THE TIME OF YOUR VISIT.

We now offer the following payment options at check-out (please choose one):

- Payment by cash
- Payment by check
- Payment by debit/credit/FSA/HSA card

Please make your choice, sign below and return to the receptionist before treatment. If none of the above apply, please see the Office Manager.

Our office is fully approved and accredited user of the *Visa and MasterCard Health Care Program* which will enable you to use your credit card to automatically cover amounts not paid by your insurance. You may also choose a comfortable amount to be automatically billed to your credit card on a monthly basis.

Patients using **medical insurance** to cover their visit, please choose one or indicate on the line below how you would prefer to pay for non-covered charges (deductibles, unknown copays, insurance denials, co-insurance). Your insurance will inform you of these amounts on your EOB.

- Guarantee any amount not covered by insurance with my credit/debit card. (we will contact you first)
- Automatic monthly billing to my credit card. (see Office Manager to set the monthly amount)
- I prefer to pay my bill by \_\_\_\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_