

Payment Policy



Renewal Optometry, LLC is a cash-based office. As such, we do not and will not bill your insurance company for any services rendered. Examination fees are as follows:

- Comprehensive Exam – \$100
- Problem Focused Exam – \$50
- Functional Vision Exam – \$200
- Sensorimotor Exam – \$200
- Vision Therapy Session – \$100
- Progress Check – \$100

Additional time-based and referral based discounts may be added at the discretion of the provider.

By signing this form, you agree to pay the amount in full within 60 days of examination, unless a payment plan has been agreed to, in writing, before that time.

Failure to pay within this time-frame will result in the following penalties:

- 1) Interest of 5% per month after the 61st day.
- 2) Reporting to a collections agency within 90 days of evaluation.
- 3) Dismissal from practice within 120 days of evaluation.

Patient's Name: _____

Parent/Guardian's Name: _____

Signature: _____

Patient/Guardian's SSN: _____

Date: _____