



**Financial Agreement**

I authorize payment of any insurance benefits for unpaid services to Horizon Eye Physicians and I am responsible for any balances after insurance claims have been paid. If co-payments and/ or deductibles are designated by my insurance provided by the Horizon Eye Physicians, I will pay my account at the time service is rendered or will make financial arrangements satisfactory to Horizon Eye Physicians for payment. If an account is sent to an attorney for collection, I agree to pay collection expenses and reasonable attorney fees as established by the court and not by a jury in any court action. I understand and agree that if my account is delinquent, I may be charged interest at the legal rate.

**Late/No Show/Cancellation Policy:**

To maintain your eye health, it is very important to keep your scheduled appointment with us. We schedule our appointments so that each patient receives the right amount of time to be seen by our physicians and staff. As a courtesy, and to help patients remember their scheduled appointments, Horizon Eye Physicians will call/text/email you with a reminder prior to your appointment time.

If your schedule changes and you cannot keep your appointment, please contact us so we may reschedule you, and accommodate other patients that are in need of medical care. As a courtesy to our office as well as other patients, please notify us 24 hours prior to your appointment.

Please note that a \$30 fee may be assessed for any missed appointments.

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Patient Signature

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Date