HERZIG EYE INSTITUTE

vision for living™

Patient Payment Policy

Herzig Eye Institute strives to ensure a clear understanding of our payment policy and your financial responsibility with respect to the services we provide.

Scheduling Your Procedure
A non-refundable deposit is due at the time the surgery is scheduled.

- Laser Vision Correction (SMILE, LASIK, PRK) $250 / eye
- Intraocular Surgical Procedures (RLE, ICL) $500 / eye

The non-refundable deposit is deducted from the overall procedure fee. The outstanding balance is due on the day of surgery. Should you cancel your surgery, this deposit amount will be forfeited.

Paying for Your Procedure
Your procedure fee includes pre-operative care, specialized testing, surgeon consultation and all procedure related post-operative care for one year. Payment is required in full upon admission, prior to your surgery.

We offer a variety of convenient payment options:

- Cash or certified cheque (personal cheques are not accepted)
- Credit Cards - VISA, MasterCard or AMEX
- Debit

Financing Your Procedure
Medicard
We're pleased to offer our patients Medicard to help you obtain the best financing option for your needs. Please contact Medicard Finance for more info at (888) 689-9876 or discuss with the Refractive Consultant after your consultation.

Tax Benefits
While some procedures are deemed elective and not covered by health insurance, they may be tax deductible depending on your filing status. Please consult your accountant or tax advisor.

Re-scheduling Your Procedure
If you are unable to keep your surgical appointment date, please notify us at least 1 week in advance and we will be happy to reschedule your surgery at no cost to you. You must reschedule your appointment within 30 days from your original booking date.

If you reschedule your surgical procedure less than 1 week before the actual date, again, we will gladly reschedule your surgery. However, we would require that 50% of the surgical fee be paid at the time of re-booking to reserve the new date. This partial payment will be non-refundable without exception.

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High Definition Vision® Correction
Deposit Agreement

Date:

Patient Name:

Deposit Amount:

Procedure Date(s):

A non-refundable deposit is required to schedule Laser Vision Correction (SMILE, LASIK and PRK), Refractive Lens Exchange (RLE) or Intraocular Collamer Lens (ICL) surgery.

Laser Vision Correction	$250 / eye
RLE or ICL	$500 / eye

Should you cancel your procedure, this deposit amount will be forfeited.

At least one weeks' notice is required to reschedule your appointment. You must reschedule your appointment within 30 days from your original booking date. This deposit may then be transferred to your new procedure date.

The policy covers 1 rescheduling date only; after which your deposit will be forfeited.

I acknowledge that I have read the above policy and understand the terms of agreement.

Patient Name: _____

Patient Signature: _____

Date: _____

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Credit Card Payment Authorization Form

Credit Card Information (Please Print and attach photocopy of the front and back of the credit card)

Type of Credit Card: _____ VISA _____ MasterCard _____ American Express _____

Credit Card Holder's Name:
(as it appears on the credit card) _____

Credit Card Number: _____ Expiry Date: _____ (MM/YY)

Billing Address: Street _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

I, _____ , authorize the Herzig Eye Institute to charge the total amount of _____ (Canadian Funds) being payment for the following services to my credit card as listed as listed above.

Treatment: _____ (Left / Right / Both Eyes)

Patient Name: _____

Treatment Date: _____

Signature: _____

Date: _____

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