

**CO-PAYMENTS AND UNPAID BALANCES**

Co-payments are money that we collect from you, on behalf of YOUR insurance company.

Any unpaid balances from YOUR insurance that is either a covered service and you are just NOT ELIGIBLE at the time or an UNCOVERED SERVICE that you requested is also YOUR RESPONSIBILITY.

If you do not agree with the above statement, please do not accept any services or materials from us.

I am totally responsible for all current and future co-payments as well as any unpaid balances that your insurance company is levying on me, through VISION QUEST EYE CLINICS, EYE TECH USA and JACKSON OPTICAL.

In addition to the balance left due and owing, I agree to pay any unpaid balances at the rate of 18% per annum, all collection costs and reasonable attorney fees in the event tis account is turned over to our attorneys for collection, all without relief from valuation and appraisal laws should we fail to pay any amount owing not paid by insurance or other benefits.

DATED \_\_\_\_\_

SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_