

# OFFICE POLICY

*Welcome to our office! We thank you for selecting us to serve your vision needs. Our staff is a professional team dedicated to providing the highest quality eye health care to our patients.*

*So that we might all enjoy a smooth working relationship, we ask you to take a couple of minutes to read over our basic office policies. If you have questions, we will be happy to answer them for you.*

*Thank you, and once again, welcome!*

## **Patient Information**

All patients, or their agents, must complete our "Patient Information" form before receiving any service. It is your responsibility to keep the office informed of any changes in information. (i.e. address, phone number, insurance, etc.)

## **Appointments**

We strive to keep your waiting time to a minimum; we recognize that your time is valuable as is the doctors'. Therefore, we request a 24-hour notice if you find it necessary to cancel your appointment in order to avoid a \$25.00 No Show Fee. As emergencies do arise, we ask your patience if there is a delay during your appointment time due to a patient in need of immediate care. Be assured that we will provide you with the same high-quality care.

## **Payment Information**

Payment for professional services is due at the time of service. A minimum deposit of half the total charges is required on all glasses and contact lenses when the order is placed. The remainder is due when the materials are dispensed. For your convenience, we accept cash, checks, debit, VISA, and MasterCard. Deposits are non refundable.

## **Rx Guarantee**

If you are not happy with the fit, comfort or style of your new eyewear, return within 30 days and we will make the necessary adjustments. If your new prescription does not meet your vision needs, contact us within 90 days so that we can make the proper prescription adjustments.

## **Insurance**

We file insurance claims as a courtesy to our patients. Your insurance is a contract between you and your insurance company. Your account with this office is your responsibility whether or not your insurance company pays. We will help you receive the maximum benefit from your insurance company. However, if your company has not paid your account in full within 60 days, your account will become a "CASH" account with the balance due and payable by you within 30 days.

Please be aware that some, and perhaps all, medical services provided may be non-covered services and not considered reasonable and necessary under some insurance plans. All fees for non-covered services, co-pays, deductibles, and overages are due at the time of service.

## **Unresolved Accounts**

Finance charges of 1 ½ % per month (18% per annum) will be assessed to any unpaid balance. If we find it necessary that an account be forwarded to a collection agency or an attorney, a fee of 33% of the charges owed will be added to the total amount due and accruing interest.

Any checks returned to us unpaid by the banking institution will be assessed a \$25.00 fee.

Deposits are not refundable. We are not responsible for glasses/contacts not pick-up within 60 days.

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## Refund, Return, and Cancellation Policy

### FRAMES:

- We will adjust frames, replace any screws, and/or replace nose pads free of charge when frames are purchased from us for the first year.
- All frames come with a 1-year warranty against manufacturer defects. They are not warranted against accidents or abuse. Opticians must use their discretion in determining whether the manufacturer will consider if any damage was the result of a defect, however, the manufacturer will be the final judge.
- If the frame breaks after the 1-year warranty expires and the frame is still available, patients can purchase replacement parts and/or
- If patients choose to place new lenses in an old frame, we cannot be held liable for breaks or damage. As frames age, they may become brittle in ways invisible to the human eye. Patients assume the risk when using old frames. They should also be warned that they assume the risk when we adjust older frames. Patients must sign a disclosure form notifying them of these facts.

### LENSES:

- Lens redo's and re-refractions will be granted, free of charge, within 90 days (3 months) of the order date IF the lenses were made by us under the following conditions: a) RX change b) OPTICAL CENTER change [i.e. PD and/or seg height changes] c) LAB ERROR.
- If a patient seeks a redo after 90 days but not more than 180 days (6 months) after we received the lenses, the patient will be charged a refraction fee (if a new refraction is required).
- After 3 months, the patient must pay in full for any new lenses.
- If lenses were made by an outside office, we will measure the prescription in the new glasses to verify accuracy. Patients will not be reimbursed any fees an outside office charges for redo's. If patient requests doctor to re-refract, they will be charged a refraction fee.
- If a patient chooses to upgrade their lens options within 90 days (e.g., BF to PAL, adding AR or Transitions, or CR- 39 to Poly or Hi-Index, etc.) then they must pay the applicable upgrade charges.
- If a patient chooses to downgrade their lens options (i.e., PAL to SVL, removing AR or Transitions, or Poly to CR-39) no refunds will be allowed, we will simply redo the lenses for free.

### CANCELLATION:

In the event you wish to cancel your order it must be done by the close of business on the day of order to receive a full refund. All costs incurred once a prescription order has been started at the lab whether or not completed will be the customer's responsibility & therefore will not be eligible for a full refund.

\*\*\* Once insurance benefits are used for frame and/or lenses those benefits will **NOT** be reinstated\*\*\*