

Patient Name (print)

Date

Please initial each section indicating that you have read and understood our financial policy agreement.

Professional Services / Eyeglass / Contact Lens Purchases

- No refunds will be issued for professional services, eyeglasses or opened or damaged boxes of contact lenses.
- All balances on material orders (eyeglasses and contact lenses) must be paid for in full within 60 days of the purchase. After 60 days, all deposits made will be forfeited. No refunds or in-store credits will be issued.

1. Eyeglass Lenses are customized and cannot be returned. If you believe an error was made with your eyeglass prescription, the doctor must re-check your prescription within 60 days of your original exam and we will remake your eyeglass lenses at no additional cost to you. ** Fees may apply if upgrades are made to your order.

- If you have not adjusted to your eyewear within the first 1 – 2 weeks of receiving them, please call our office and speak with an Optician. It is your responsibility to communicate your concerns to our Opticians.
- If you are having problems with your eyeglasses and it has been more than 2 months (60 days) since your exam and refraction, we will have to recheck your refraction; this procedure is \$49.
- Orders cannot be remade free of charge after 90 days, regardless of what the problem is. Orders that require remakes after 90 days will be charged half of the original retail cost of the lenses.

2. Frame changes (Re-Styles). We want each of our patients to be happy and comfortable with their frame selection. Sometimes the initial frame that was chosen does not work. Whatever the reason may be, we can change your frame once. ** Fees apply to this request.

Single Vision Lenses – \$40 | Bifocal or Trifocal Lenses – \$60 | Progressive Lenses – \$80

3. Defective Frames. Frame manufacturers provide a 1-year warranty for defects only. If your frame breaks, do not attempt to repair it or alter it in any way, doing so will void a defective warranty and will make it very difficult to repair.

- If your frame is defective, Family Eyecare of Roswell will be happy to **exchange your frame with the manufacturer for a \$30 fee**. This fee covers the expenses associated with reordering, replacing and returning your original frame to the manufacturer.

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4. Contact Lenses. Do not write on boxes of contact lenses. Once the box has been altered (including opening, writing, or making any marks on the box) they cannot be returned to the manufacturer and you cannot receive a credit.

5. Contact Lens Fittings. Our office allows a 60-day window to fit patients in contact lenses. It is the patient's responsibility to return for progress checks and have any necessary adjustments made to their prescription within this time-frame. If changes need to be made after the prescription has been finalized or after the allotted 60 days, a modification fee may apply.

_____ (initial)

Insurance Coverage

You must provide your insurance card or proof of insurance at the time of each visit. If you do not have insurance, are unable to provide proof of insurance, are on a plan in which we do not participate, or if your plan requires that a deductible be met before services will be covered, full payment is required at the time of your visit.

Verification of benefits is not a guarantee of payment. All claims are subject to review by your insurance company.

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Payment Procedures & Methods

All co-payments, deductibles and balances owed are due at the time of service. **These fees by law cannot be waived.** We accept Cash, Personal Checks, Visa, Discover, MasterCard, American Express and Care Credit.

** Please note: If you have a returned check, you will be charged a fee of \$25 and may not pay with a check for future payments. Any unpaid balances will be subject to referral of a collection agency.

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Medical Referrals

If you are being seen for a medical service and your insurance plan requires a referral to see a specialist, you are responsible for requesting a referral from your Primary Care Physician (PCP) before we render services. Your PCP may require 24 or more hours for this request.

_____ (initial)

Missed Appointments / Canceling Appointments

Late or missed appointments seriously disrupt the practice’s patient schedule. Therefore, we ask that you please give us a 24-hour notice when canceling or rescheduling an appointment. If you fail to show for an appointment 2 or more times, your account will be put on a ‘walk-in basis only’ for future visits. Walk-in appointments are seen upon availability.

_____ (initial)

Delinquent Accounts

Past due payment arrangements can be made with our billing department. Failure to pay or arrange payments will result in referral to a collection agency. Habitual delinquent accounts may be dismissed from our practice.

**Please note: Patient balances over 90 days will require payment prior to scheduling any appointments at our office. Records will not be released until unpaid balances have been satisfied.

_____ (initial)

Patients under 18 Years of Age

All patients under 18 must be accompanied by a parent or legal guardian. Services cannot be performed without a parent or legal guardian’s presence and consent.

_____ (initial)

The original copy of this financial policy will be kept in your file for future reference. If you would like a copy for your records, please ask the front desk coordinator to provide you with a copy. We welcome any questions you may have regarding our financial policy.