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 Patient Name (print)

Date

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

### 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.

It is very important that you become familiar with your insurance plan and understand its benefits. Some plans have restrictions on certain services such as contact lens evaluations and special medical testing. It is your responsibility to be aware of any restrictions or limitations on your plan. If you have questions regarding your coverage and payment determination, then you need to contact your insurance company directly.

Verification of benefits is not a guarantee of payment. All claims are subject to review by your insurance company. All co-payments and co-insurance fees are due at the time of service. Some of the services provided may not be covered by your plan and therefore not paid by your insurance company. You are personally responsible for these services. You will also be responsible for all balances your insurance carrier does not pay within 90 days. You will receive a bill which must be paid upon receipt.

\_\_\_\_\_ (initial)

### Professional Services / Eyeglass / Contact Lens Purchases

**\*\* No refunds will be issued for professional services, eyeglasses or opened contact lenses. \*\***

**1. Eyeglass Lenses are customized and cannot be returned.** However, 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 eyeglasses at no additional cost to you. \*\* Some fees may apply if upgrades are made to your order.

- If you are having trouble with your new eyeglasses, it is your responsibility to inform our optician so that we can address your concerns. All errors or changes to your eyeglass order must be corrected within the time frame we are given from our labs; 60 days. If you have not adjusted to your eyewear within the first 1 – 2 weeks of receiving them, you need to communicate this with our Optician.
- If you are having problems with your eyeglasses and it has been more than 3 months (90 days) since your exam and refraction, we will have to recheck your refraction; this procedure is \$45.
- 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. However, there is an additional expense to do this depending on the type of lenses you wear. The Optician can go over these fees with you when applicable.

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 alter it in any way; doing so will void a defective warranty and will make it very difficult to repair. Do not ever use glue to try and fix your frame. Defects to a frame are subject to review by the individual frame company, not our office.

**\*\* 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.** If your frame breaks and is not under warranty, you will be responsible for the costs associated with the replacement, and/or parts. All frames are subject to availability from the manufacturer.

**4. Contact Lenses.** Do not write on boxes of contact lenses. Once the box has been altered (including opening, writing, or marking on the box) they cannot be returned to the manufacturer and you cannot receive a credit. After 60 days contacts cannot be exchanged. If you feel that your prescription for contact lenses needs to be adjusted, we will be happy to re-check your contact lens fitting within 90 days free of charge. After this time period the doctor will have to perform a new contact lens fitting and you will have to pay the fees associated with the level of fitting your contact lenses require.

\*\* Any orders for eyeglasses or contact lenses that have not been paid in full at the time of service must be paid for and picked up within 60 days of the purchase. After 60 days, all deposits made will be forfeited. No refunds or in-store credits will be issued.

\*\* Please note: If you cannot pay your balance within this time period, please contact our billing department to make payment arrangements to avoid forfeiting your deposit.

\_\_\_\_\_ (initial)

#### 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 be asked to leave the Practice. Any unpaid balances will be subject to referral to a collection agency.

\_\_\_\_\_ (initial)

#### Referrals

If you are being seen for a medical service and your plan requires a referral to see a specialist, you are responsible for requesting a referral from your Primary Care Physician (PCP) before services are rendered. Your PCP may require 24 or more hours for this request. Once services have been rendered you will be responsible for any unpaid fees.

\_\_\_\_\_ (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 a referral to a collection agency. Habitual delinquent accounts may be dismissed from our practice.

\*\*Please note: Patient balances over 90 days will require payment in full or payment arrangements with our billing department prior to scheduling any appointments at our office. Your 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.**