



It is important that you read and acknowledge our Policies and Procedures in full.

### Policies and Procedures

Payment in full for services and products are due at the time services are performed or products are ordered. As the patient/guarantor, you are financially responsible for any fees and costs associated with any services or products you receive from our office. This includes any medical service or visit, routine examination, testing, contact lens services and any other screening ordered by the doctor or staff.

Co-payments will be collected at the time of service. Professional fees, services fees, co-payments and deductibles are NOT refundable. There will be a \$20 fee for returned checks.

As the patient/guarantor, it is your responsibility to know your insurance benefits and to provide our office with accurate and current insurance information. If your specific insurance plan requires a referral, it is your responsibility to obtain the referral from your primary care physician. If you arrive for an appointment without a referral on file, you have the option to reschedule the appointment or to pay in full for all services rendered.

If you are a Medicare patient with a secondary insurance to your Medicare plan, it is your responsibility to provide both insurance identification cards. If the office does not have the proper information for a secondary insurance, the secondary will not be billed.

We will bill your insurance as applicable, however, you are ultimately liable for any fees and costs not covered or paid by your insurance. Questions about non-payment should be directed to your insurance company.

If you are unable to keep your scheduled appointment, we ask that you give adequate notice (24 hours when possible, or prior to appointment time on the same day in an emergency situation) so that we may open your reserved time for another patient. If you miss two appointments without prior cancellation, you will be required to pay a \$35 deposit prior to scheduling further appointments. This is a good-faith deposit to reserve your appointment time. When the appointment is kept, this \$35 fee will be applied to your office visit fees or refunded as appropriate. If the appointment is missed without proper notice of cancellation, the deposit becomes non-refundable.

### Medical vs. Vision Insurance

Medical Insurance: when a medical condition exists such as (but not limited to) cataracts, glaucoma, dry eyes, diabetes, high blood pressure, or any other condition related to the health of the eye, it will be necessary for the doctor to perform a full and comprehensive ocular health exam. This exam may include further testing beyond the scope of a routine eye exam. With a medical diagnosis, your exam and testing will be billed to your medical insurance and you will be responsible for any co-pays, deductibles and/or co-insurance as dictated by your specific plan. If you are diabetic, your exam will be billed to your medical insurance without exception.

Vision Care Insurance: vision coverage for a routine examination is designed to provide a screening evaluation of the eye to determine a prescription for glasses only. This evaluation is not a comprehensive ocular health examination and excludes any testing to diagnose, evaluate and follow medical issues. This evaluation also does not include a contact lens evaluation or any fees associated with contact lenses.

Refractions: a refraction is the portion of the examination process wherein the doctor or technician places various lenses in front of your eyes to determine your best corrected vision for your spectacle prescription. This service is considered to be a non-covered service by Medicare and most secondary insurance plans. The fee for this service is \$40 and is collected when a refraction is performed whether or not you have had a change in your prescription. A spectacle prescription is valid for two years from the date of the refraction; you will need to have refractions as part of your exam in order to maintain a current prescription.

Contact Lenses: contact lens services are considered to be elective and therefore not covered by medical insurance, and often not covered by vision insurance. A contact lens prescription is valid for one year from the date of issue. In order to maintain a current contact lens prescription, you must have annual contact lens evaluations with your doctor. Payment for a contact lens evaluation, whether performed independently or as part of your comprehensive eye exam, is expected at the time of service. A separate contact lens agreement will be signed prior to a contact lens fitting or refitting.