

# PATIENT GUIDELINES

I understand that if during the course of my examination the doctor determines the need for medical testing & treatment, even though my insurance form states well vision, it will be filed to my medical insurance as a well visit and I will pay all co-pays, etc.

I understand that I am financially responsible for all fees, and agree to reimburse any and all fees for services and materials not collected in full should my medical insurance or vision plan deny payment for services or materials rendered.

I understand that I agree to pay for any unpaid balances on my account as a result of denial from my insurance carrier caused by; unmet deductibles, non-covered professional services, i.e. refractions or uncollected fees for prior services.

For eyewear purchases, payment can either be made in full, or 50% down @ the time of ordering & the remaining 50% @ the time of pick-up. We also offer payment arrangements (**ASK THE RECEPTIONIST ABOUT THIS**).

**If I do not inform you that I have a vision plan or medical insurance before services are rendered, it will be assumed that no coverage exists and I am responsible for all payments.**

I agree this office, **NO EXCEPTIONS**, will not back file claims or refund fees after services are rendered due to lack of notification of vision or medical insurance. It will be my responsibility to file my own claim and seek reimbursement from my insurance carrier.

If I fail to reimburse said fees in a timely matter to Vision Plus, and should the need arise, I agree to pay any and all collection fees, court costs, and attorney fees.

X \_\_\_\_\_ / /  
Patient or Guardian Signature Date Signed

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Relationship to Patient

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## OFFICE POLICY

**CONTACT LENSES:** Due to the expense involved in contact lenses, i.e., rigid gas permeable (RGP), specialty contact lenses, a fifty (50) percent deposit is due for the following:

1.) the patient is being prescribed the lenses on a trial basis, 2.) the patient is placing an order for the contact lenses.

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**DEPOSITS:** Deposits are forfeited after thirty (30) days if prior arrangements have not been made.

**WARRANTY:** Insurance warranty and/or one time replacement on all frames/lenses are good for one (1) year.