



## Office Policies and Patient Acknowledgments

### Family Wellness/Family Records

Families are very important to us here at Eyes Plus Inc. We are **here to serve the eye health needs of you as well as your family** and we encourage new patients to bring their family members in for a complete comprehensive eye exam. It is to your benefit to take advantage of starting a family record to protect and enhance the eyesight of all family members. Please see our front desk to schedule your family's appointments before you leave today.

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### Financial Agreement

**Payment is required in full for all services rendered.** Should you agree to a service and it is rendered, you are financially responsible for full payment whether via insurance or out-of-pocket expense that day. If for any reason you cannot make payment, please inform us prior to the rendering of the services to eliminate any misunderstanding.

**Payment is required in full before any products can be ordered.** If payment cannot be made in full, a minimum of 75% is due at the time of ordering with the balance being due upon order pick-up.

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### Insurance Coverage & Filing Claims

It is ultimately the patient's or patient guardian's responsibility to know his/her insurance benefits and information. Eyes Plus Inc. is NOT responsible for insurance kickbacks and non-coverage of insurance for services or products. **As a courtesy, we will verify coverage and file with the insurance carrier(s) on the patient's behalf**, but the patient remains responsible for payment on all services rendered and products ordered. All information relayed by Eyes Plus Inc. from your insurance(s) are by **Advisory ONLY and are not a guarantee of payment.**

All insurance claims are processed through our third party billing department and are processed for all eligible services and products using the insurance information provided by the patient. **Patients are responsible for updating any insurance information.** Communication regarding statements and claims can be discussed directly with your insurance or our billing department.

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### Missed Appointments

Eyes Plus Inc. efficiently helps to send out multiple confirmation and appointment reminder notices as well as reminders of protocols for our valued patients regarding any appointment scheduled. Therefore, missed appointments are subject to a **\$25 charge Monday thru Friday & \$50 charge for Saturdays** if an advance **24 hour notice** has not been given prior to the scheduled appointment time. If appointments are missed repeatedly without any advance notices, our office will find it necessary to bill a higher charge.

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### Release of Prescriptions

The release of **any non-expired prescriptions** will be granted providing the account responsibility is at a **\$0 balance**; Contact lens prescriptions will be released provided the prescription is valid (expires after 12 months from exam), the patient completed the fitting package with your eye doctor (including follow-up visits) and has paid the fitting service fee. Any package deviations and/or prescription changes are subject to a service fee and/or collection of any cost difference between packages (please see an associate for details). Non-compliance with these terms voids the package. Rendered services and/or products ordered are **non-refundable**.

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**Product Pick-up and Refunds**

Once your order has arrived you will be notified by our office and will have **15 business days** from the initial notice date for pick-up. We have protocols in place to help provide a 5/10 business day reminder. All unclaimed orders will be restocked after the **15<sup>th</sup> business day** and any initial \$ installment will be used in-part as a **restocking fee** with the balance being **non-refundable**. As a patient, I understand that Eyes Plus Inc. is not responsible for any product(s) left unclaimed after **15 business days**. All products are custom items and therefore are **non-refundable** (ie: Glasses, Lenses, Contacts, Prescription Sunglasses, ect.) and services rendered (ie: Exams, Medical Office Visits, ect.) are **non-refundable**.

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**Product Warranties**

I will abide by all product warranties as described by the Eyes Plus Inc. staff and understand that these warranties are for factory defects and not "wear and tear" or "product abusement" situations and are subject to change without notice. I understand that any applicable warranty coverage(s) are for the same frame and prescription lenses only. I further understand that **any voluntary alterations to a frame voids all warranties and are considered done at the customer's own risk, Eyes Plus Inc. will not be liable for any damages.**

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**Dilation**

Dilation is an important part of a complete eye exam. It allows your eye doctor to get a detailed look at the back of the eye for any problems that occur due systemic diseases, such as Diabetes, High Blood Pressure, Cancer, etc. that affect the eyes without obvious symptoms to the patients that can indicate a **life-endangering condition**, and/or physical changes, such as Cataracts, Glaucoma, Retinal Detachment, etc. that can lead to a **decrease or even loss of vision**.

Dilation will make **seeing up close difficult and lights seem brighter than usual**, thus most people are able to drive with sunglasses (which we can provide if you didn't bring any). However, if you feel uncomfortable driving or have never driven with your eyes dilated, we strongly recommend **bringing a driver** with you. **In refusing to have your eyes dilated, you understand that you are assuming all risks associated with failure to diagnose eye conditions due to lack of information, which may be provided by the dilation.**

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**Achieving Optimal Care**

In our greatest efforts to provide our patients with the utmost care, as **we practice preventive and high quality care**, Eyes Plus Inc. uses the most effective protocols and current tools and equipment. Achieving optimal eye health is a **partnership built between you, our valued patient, and Eyes Plus Inc.** Therefore, it is crucial that you follow through with the Doctor's recommendations **to ensure the greatest results** for the care that you are seeking. **Eyes Plus Inc. takes your eye health and vision care needs very seriously** and have confidence that you will be serious about taking the best care of your eyesight as well.

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\*I have **read and understand** the above policies and agree to abide by them.

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient or Parent/Guardian Signature (if under age 18) \_\_\_\_\_

Parent/Guardian Name (if signed above) \_\_\_\_\_ Relationship \_\_\_\_\_