

**Office Policies**  
Updated 5/24/2020

**Contact Lens Services:**

Please note: A contact lens examination is more in depth than a typical routine eye exam. A comprehensive contact lens exam includes a thorough evaluation of your vision, the internal health of your eyes; your cornea where the lens sits, the underside of your lids as well as additional testing that requires more of the doctor's time and expertise. The fee for this service is usually either \$50 or \$75 depending on your RX and is collected every year as we have to check your eye health annually. Specialty contact lenses, such as RGP lenses, lenses for keratoconus, or other lenses that must be made to order, may involve higher fees.

**Vision Plans:**

Our role is to be your advocate and to help you to maximize your benefits. We want to make sure you receive everything you are entitled to and we want you to be happy and satisfied. You should be aware of the following:

- 1) With few exceptions, vision care plans provide routine exams only, not medical eye care. Copayments are set by your insurance plan.
- 2) Your vision plan uses their lab to manufacture your eyewear and can take at least 2 weeks (sometimes longer) for them to send us your eyewear. We have no control over when your eyewear will be ready.
- 3) Your insurance company **does not provide refunds**, and any warranty is according to their terms.
- 4) Eyewear orders are submitted to your insurance company **immediately** once the order is finalized. Changes **cannot** be made after submission.
- 5) If you are unhappy with the eyewear your insurance company provides, we will be your advocate and assist you, BUT your insurance company makes the final decision about how any concerns will be resolved.
- 6) Due to the formulary restrictions, copay structure, and lab use mandated by vision plans, it is generally not possible to decide to "bill" a previously committed order to a vision plan. We must be made aware of any vision plan(s) that you participate in before any order is placed.

**Insurance:**

We are pleased to accept many vision and medical insurance plans. It is your responsibility to know what insurance plan(s) provide your coverage and provide us with all the necessary information **before** services are rendered. **Claims cannot be re-processed to insurance after the date of service.** Copayments and any non-covered charges are due on the date of service. Most vision plans provide coverage for a **routine** eye exam, which specifically excludes the evaluation and management of any medical condition(s). **If your visit includes the evaluation and/or management of any medical condition(s), we will bill your medical insurance for your visit**, which may result in a higher out of pocket cost due to the copays and deductibles your policy specifies. We strongly encourage you to raise any eye health concerns with the doctor, however, please understand that discussing issues outside the scope of a routine eye exam may result in your visit being billed to your medical insurance. In this case, medical insurance copays and deductibles apply.

As a courtesy to you, we will gladly submit claims directly to your insurance company. It is your responsibility to provide us with complete and correct insurance information before your visit. While we will make our best effort to verify your insurance coverage before providing services to you, this is by no means a guarantee that your insurance will actually pay your claim. **In the event that your insurance company does not pay your claim, whether due to an unmet deductible, a requirement for Primary Care Physician (PCP) referral, or any other reason, you agree to personally and promptly pay any balance owed.** We accept no responsibility in collecting overdue insurance claims or negotiating settlement on disputed claims.

**Eyewear:**

**All eyewear purchases require a minimum 50% non-refundable deposit before orders will be placed; this deposit will not be refunded if the order is cancelled.** Any order with a balance due after 90 days from the date glasses are ready for pickup will be considered canceled. **Eyewear purchases are non-refundable.** Manufacturers' warranties cover lenses and frames for one (1) year after dispensing against defects in materials and workmanship; minor cosmetic flaws due to normal wear and tear and breakage due to abuse are explicitly

excluded. Lenses with scratches significantly interfering with vision may be replaced one time only during the first year of use at our sole discretion; scratching due to abuse is explicitly excluded.

Patients who are unable to adapt to Progressive Addition Lenses (PALs) after a reasonable effort will be afforded the opportunity to have their lenses replaced with a lined bifocal or single vision lens at their option and our expense, provided their concerns are brought to our attention within thirty (30) days of dispensing. No refunds will be made in this situation.

Patients who are unsatisfied with an eyewear prescription provided by this office will be seen for a courtesy Rx check, provided they bring their concerns to our attention within thirty (30) days of dispensing. If the prescription requires modification, we will replace the lenses at our expense.

**Different terms and conditions may apply to eyewear provided through vision insurance plans, as dictated by the insurance company. Please ask for details about your specific insurance, if applicable.**

**Outside prescriptions:**

We are happy to fill outside prescriptions. **If the prescription is dated more than 6 months prior to the order date, any Rx changes will be at the patient's expense.** If the prescription is six months old or less, we will honor a Dr.'s change of Rx one time only, if the new Rx is presented to us within thirty (30) days of dispensing of the eyewear in question. After 30 days or one remake any changes will be at the patient's expense.

**Contact Lenses:**

Contact lens purchases require payment in full before orders can be placed. Contact lenses cannot be returned for refund, but can be exchanged in the event of prescription change, provided the original boxes are unopened and not defaced in any way.

**Medical Records:**

Request for Medical Records can take up to 24 hours to be processed and is required in writing. All requests for records must be in writing and be on file in order to process any requests. Our office has a policy for copying medical records of 25-cents per page, not to exceed \$20 per record.

**Appointments:**

We value our patient's time as well as Dr. McAlear's time. If you no show or cancel your appointment within 24 hours **twice in a row** you will not be permitted to choose any prime appointment slots such as Saturdays or evenings after 5:00 PM. These slots are in high demand and we would hate to turn patients away who truly need these particular times. After more than two no shows or cancellations we reserve the right to decline to reschedule you, in which case we will forward your record to a different provider.

Our office accepts cash, checks, MasterCard, Visa, American Express and Discover. **Returned checks are subject to a \$35.00 fee.**

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