

## OFFICE POLICY

Welcome to EYE SITE and thank you for choosing us for your eye care needs. In an effort to better serve you, we ask that you familiarize yourself with our Office Policy so that your visits will run smoothly and efficiently. We look forward to seeing you.

**APPOINTMENTS:** We know our patients' time is valuable and make every effort to stay on schedule. For this reason, you may be asked to reschedule if you are more than 15 minutes late to your scheduled appointment depending on the day's schedule.

Please bring your most current pair of glasses and contact lens boxes, containers, or prescription. We also request that you bring a current driver's license, or guardian's driver's license, and medical insurance card to each appointment for us to copy for verification purposes in each patient's file for insurances for which we are in network.

Please note that after three no shows, we will be able to only work you in, as our schedule permits, on the day you call.

**PAYMENTS:** All examination fees and copayments are due when service is rendered and are NON-REFUNDABLE. We accept payment by credit card, cash, and Care Credit. Please note that we do not accept checks.

**GLASSES EXAMS:** Glasses exams include a one-time prescription recheck if needed within 60 days from the initial date of exam. An office visit fee will apply for any additional rechecks and for rechecks after the 60 DAYS.

**CONTACT LENS EXAMS:** Contact lens exams include follow-ups and dispenses required by the doctor as part of the contact lens fitting for 60 days from the initial date of exam. An office visit fee will apply after the 60 DAYS.

Contact lens prescriptions will be released only after all contact lens dispenses and follow-ups are completed.

A new complete exam is required for contact lens exams where follow-ups and dispenses were not completed within 6 MONTHS of the initial date of exam. Usual and customary fees will apply unless insurance is applicable.

**VISION AND MEDICAL INSURANCES:** For your convenience, we file claims with insurance companies for which we are in network. However, it is the patient's responsibility to be aware of the insurance benefits and address any such issues with the insurance company.

We accept both vision and medical insurances and which to use is determined by the type of exam. Vision insurances only cover routine eye exams without any medical history, complaints, or diagnosis affecting the eyes. Medical insurances cover exams with ocular symptoms or diagnosis, such as dry, itchy eyes, or floaters or if there is a medical history with the potential of affecting the visual system, such as diabetes or persistent headaches. Many medical insurances also cover routine eye exams.

I understand that:

- I am personally responsible for the insurance copayment and any non-covered services including, but not limited to, the contact lens fit and follow-up, non-routine office visits, and optional medical tests.
- should there be non-payment from the insurance company for any reason after 30 days of the claim submission, I am personally responsible for the balance of the usual and customary fees less the copayment amount.

I hereby authorize:

- my signature to be used for all insurance claims on my behalf.
- my medical records to be released to all parties related to my insurance.
- assignment of insurance payments to be issued directly to Eye Site and its Doctors.

**I have read, understand, and agree to the terms of the Office Policy and consent to treatment.  
I understand that I can request a copy of the Office Policy or access it at [www.eyesiteallen.com](http://www.eyesiteallen.com).**

Patient or Representative's Signature \_\_\_\_\_ Relation \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_