

APPOINTMENT, PAYMENT & MATERIAL POLICIES

Dear Patient:

Thank you for choosing **Family Vision Development Center**! Our mission is to deliver the highest quality of eye care you will ever receive. As a courtesy, Family Vision Development Center will be happy to bill your insurance company for your visit with us. Please understand that this is your insurance policy, not ours. Please read our insurance policies, sign and date the bottom. By signing, you agree to pay your claim if for any reason your insurance company denies it.

- **24-HOUR CANCELLATION & "NO SHOW" FEE:** Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, Family Vision Development Center **reserves the right to charge a fee of \$40.00 for all missed appointments ("no shows") and appointments which, absent a compelling reason, are not cancelled with a 24-hour advance notice.**
- **INSURANCE CARDS:** Please have your card with you so we can copy all the necessary information. This will make the billing process easier for all of us. If your insurance should change in the future, please inform the office prior to your next visit.
- **CO-PAYS:** Have your payment ready when checking in at the front desk. This is a contractual obligation with your insurance company for which you are responsible and it is mandatory that we collect it from you.
- **REFERRALS:** As a member of an HMO, you have become a partner with your Primary Care Physician and it is mandatory that **YOU GET A REFERRAL from your Primary Care Physician to see a specialist.** Optometrists are considered specialists. We require referrals for all visits that are not routine in nature, i.e. itchy red eyes, an injury to your eye(s), seeing light flashes or floaters, and so on. If possible, obtain multiple visits in your referral so you do not have to repeat this process if we need to see you more than once. If a referral has not been obtained and the claim is denied, you will be responsible for payment in full.
- **INSURANCE BENEFITS:** There are many insurance companies and many plans within insurance companies. Therefore, it is in your best interest to verify your benefits. Know your deductible amounts and confirm that Dr. C. E. Pessoa or Dr. W. D. Woods is listed on your insurance companies provider list. Please also verify that you do not need a prior authorization for your visit. Many Vision programs do not issue their own insurance cards so it is crucial that you are aware of your Vision Program prior to your visit, as your health insurance card will not inform us of separate vision programs.
- **WORKER'S COMP:** We do not bill Worker's Comp. cases. Payment is expected in full at the time of the visit. We will be happy to assist you in any paperwork or forms that need to be filed.
- **SELF-PAY:** Payment is made in full at the time of the visit.
- **CONTACT LENS FITTINGS:** If you elect to try contact lenses, a separate fitting exam must be performed. This is a non-billable visit and must be paid for at the time of service. The fitting fee includes the initial fitting visit; training time, sample solution and trial lenses, and all follow up visits for the first three months. This fee is non-refundable. These fees do not include your contact lenses. We can exchange any unopened boxes of contacts that are **not expired and have been purchased in our office.**
- **FRAMES, LENSES, AND YOUR PRESCRIPTION:** All of our frames have a warranty ranging from 6 to 12 months, and our lenses with a scratch resistant coating have a 12 to 24 month warranty on normal wear and tear. Please ask for more details on other warranties and policies.

Our staff will be happy to assist you through any of the processes listed above. We understand that insurance policies and programs can be quite confusing. Your patience and understanding will be greatly appreciated in helping to resolve any problems.

Date of Receipt

Signature of Patient

Patient's Name

Signature of Authorized Guardian