



FINANCIAL POLICY

Today's insurance industry is in a state of constant change. Every day, we are seeing the development of new insurance carriers, managed care organizations, PPOs, HMOs, IPAs, and others that are too numerous to list.

This explosion of third party administrators, combined with a lack of standardization of policies and procedures, has made it impossible for us to keep accurate records of those organizations that will pay us for our services, and very difficult for us to determine what services a patient is eligible to obtain under insurance coverage.

We are happy to contact your insurance company for information concerning your eligibility for benefits; however, we do not accept responsibility for the accuracy of such information. **CONFIRMATION OF ELIGIBILITY DOES NOT GUARANTEE THAT YOUR INSURANCE COMPANY WILL PAY FOR YOUR SERVICES.**

We are happy to file your claim with your insurance company when you have provided us with all the necessary information to do so. Should your insurance company determine after the fact that some or all of our services are not covered under your plan, you are responsible for paying for all services rendered.

WE REQUIRE PAYMENT IN FULL ON THE DAY SERVICES THAT ARE RENDERED FOR SERVICES NOT COVERED BY INSURANCE, AS WELL AS ANY INSURANCE COPAYS AND/OR DEDUCTIBLES.

A SURCHARGE WILL BE ADDED TO ACCOUNTS THAT ARE FORWARDED TO A COLLECTION AGENCY.

I have read and understand the above policy and agree to abide by its terms.

_____ Initials

_____ Date

I have read and understand **Envision Eyecare's Privacy Policy**. I understand that I may receive a copy of the policy upon request.

_____ Initials

_____ Date



Vision Care Plans and Medical Insurance

Many of our patients have both vision care plans and medical insurance, and we want you to understand the difference between the two. **This is important because they often differ in what they cover.**

Vision care plans typically cover a well-eye exam and a prescription for glasses or contacts (up to a pre-determined limit), but do not cover complex medical conditions and/or diseases, and do not include a detailed eye health assessment. The well-eye exam is simpler, and therefore the fee for this service is usually lower.

When a medical condition or diagnosis is present (such as high blood pressure, diabetes, or eye disease), it is necessary to file a claim with your medical insurance. Any co-pays for medical specialists will then apply. There are several levels of medical exams with varying fees. Some components of medical exams may not be covered by your insurance, and you are responsible for those fees. Medical exams are more complex, and fees are usually higher than those for well-eye exams. **If you do not have medical insurance but require a medical exam, please realize you will pay a higher amount than the fee for a normal well-eye exam.**

Some insurance companies require any vision exam to be medically based and mandate that we perform the more complex medical eye exam. This results in a higher fee for the exam. Tricare is one such insurance.

If you are covered by a vision care plan and/or medical insurance, we **MUST** be able to verify coverage before you are seen. The only exception to this is an ocular emergency.

Please understand that these policies are in place due to insurance industry mandates. Often we will not know which type of exam you require until we begin our testing. We accept assignment for many insurance plans, but if we do not take yours, we are happy to provide you with a printed claim form to file with your insurance company.

By initialing below you state that you understand the above and assign all benefits to us. Whether or not you have insurance, you also understand that you are responsible for your charges, and you agree to pay for any **collection fees of up to 75%** of any unpaid amounts if you fail to pay your bill in a timely manner. There will be no refunds for services once they have been provided.

Any insurance co-pays and fees for non-covered services as well as those fees that exceed vision care plan limits are due at the completion of your exam.

_____ Initials

_____ Date



Eyewear Warranty Policy

Lenses: One year, one time replacement of scratched or broken lenses (except glass or CR-39 plastic lenses).

Frame: One year, one time replacement of broken or defective frames.

1. A \$9.95 shipping fee per replacement will apply.
2. Frames and lenses that show signs of abuse or intentional damage will not be covered.
3. Warranty will not be honored if frame has been altered, glued, or chewed by dogs or other animals.
4. 2nd warranty replacement is available at 50% off regular retail price.

_____ Initials

_____ Date



Sales Policy

1. All sales are final.
2. We are confident you will love your new eyewear; however, if you are not completely satisfied, we can exchange your glasses for another pair of equal or lesser value.
3. Returns or exchanges must be made within 30 days of purchase.
4. Returned frames must be in excellent condition and will be subject to a 10% restocking fee.
5. There are no refunds on lenses, as these are custom made.
6. There are no refunds on custom made or specialty contact lenses.
7. Disposable contact lenses may be returned only if the boxes have not been opened or marked.
8. Refunds must be issued in the same method of payment used at the time of purchase.
9. There are no refunds for services rendered.

_____ Initials

_____ Date

I have read and understand the above policies and agree to abide by their terms.

Name (Print)

Signature

Date



AUTHORIZATION TO RELEASE MEDICAL INFORMATION TO INDIVIDUALS/FAMILY MEMBERS

In accordance with Federal government privacy rules implemented through the Healthcare Portability Act of 1996 (HIPAA), in order for your healthcare provider or the staff of Envision Eyecare and Envision Optics to discuss your condition with members of your family or other persons that you designate, we must obtain your authorization prior to doing so. In the event of a critical episode or if you are unable to give your authorization due to the severity of your medical condition, the law stipulates that these rules may be waived.

_____ **I do not authorize** Envision Eyecare and Envision Optics to release any or all information concerning my medical care to any person/family member.

_____ **I authorize** Envision Eyecare and Optics to release any or all information concerning my medical care to the following individual(s):

Name

Relationship to Patient

Patient Signature

Date