

# Welcome to Complete Eye Care -Patient Policy Acknowledgments:

- **Co-Payment/Payment is due on the date of service** and all orders are to be paid in full at the time of order or service. Unmet deductibles are collected at time of check in.
- We accept cash, EFT-electronic funds transfer, personal or business checks, and credit cards (subject to convenience fee).
- I acknowledge that I am supplying the correct insurance information at time of service. Complete Eye Care is unable to submit claims to insurance or managed vision care plans provided after the time of service.
- 
- I hereby authorize assignment of claims payments directly to Complete Eye Care for any claims owed by me.
- As a courtesy, the practice contacts your insurance company to verify benefits and to obtain information detailing your plan. However, it is the patient's responsibility to know their insurance benefits. If there is any remaining balance due to Complete Eye Care after insurance filing, I agree to accept responsibility.
- If you miss or cancel your appointment without advance notice it may prevent our doctors from helping other patients in need. Kindly give 24 hours notice if you are unable to keep an appointment. Non-compliance will result in a \$90 late cancellation fee before scheduling another appointment.
- **Glasses and Contact Lens prescriptions are valid for 12 months from your exam date. If vision changes occur after 60 days from exam date, an updated refraction or medical appointment fee applies (medical/medication changes, dry eye, cataracts, etc...).** **Outside glasses are not troubleshooted in house as they are the responsibility of the fabricator.** Our opticians service and support your in house purchases with frame manufacture and lab warranties.
- **Refunds/Returns: No Refunds.** Lenses and glasses are custom orders and therefore non-refundable. Frame exchanges may be made within 30 days and restyle/restock fees may apply.
- We accept checks for payment with identification. A \$50 fee applies for a returned check.
- We will notify and confirm appointments via email if an email address is provided. Use of email will be for notification and patient education purposes only. We will not share your email address at any time.
- If your account becomes delinquent, it may be assigned to a collection agency. I have been informed an additional 35% collection charge of the outstanding balance or a minimum of \$40 whichever is greater will apply.

## Box 1: Vision Plan Exam

These reasons may be covered under **VISION COVERAGE** and will be filed accordingly.

- I may need a new glasses prescription
- I want a new contact lens prescription\*
- I want to try contacts for the first time\*
- I need a routine wellness exam

**\*Contact Lens Evaluation Fees Apply, They Range From \$93, \$107, \$129, Up to \$850 Depending On The Type Of Evaluation**

## Box 2: Medical Exam

These conditions may be covered under **MEDICAL INSURANCE** and will be filed accordingly.

- Red eye
- Itchy eyes
- Cataracts
- Eye turn/lazy eye
- Diabetes
- Macular degeneration
- Dry eye
- Sudden vision loss
- Glaucoma
- Double vision
- Floaters
- Eye pain or pressure

## Digital retinal imaging is \$45 and not billable or covered by EITHER plan.

- If you have a medical condition and need a glasses/contact lens prescription, please be aware your insurance may or may not cover that portion of the exam.
- While the doctor may diagnose a medical condition during a routine exam, a second visit may be needed after the medical condition has resolved for an accurate glasses/contact lens prescription.
- **A Refraction fee not billable to medical insurance is \$92.00**
- **Self pay: Vision Exam \$139.00( glasses RX) Medical Office visit-non glasses or contact lens related symptom \$180-\$230**

# Welcome to Complete Eye Care -Patient Policy Acknowledgments:

- **Co-Payment/Payment is due on the date of service** and all orders are to be paid in full at the time of order or service. Unmet deductibles are collected at time of check in.
- We accept cash, EFT-electronic funds transfer, personal or business checks, and credit cards (subject to convenience fee).
- I acknowledge that I am supplying the correct insurance information at time of service. Complete Eye Care is unable to submit claims to insurance or managed vision care plans provided after the time of service.
- 
- I hereby authorize assignment of claims payments directly to Complete Eye Care for any claims owed by me.
- As a courtesy, the practice contacts your insurance company to verify benefits and to obtain information detailing your plan. However, it is the patient's responsibility to know their insurance benefits. If there is any remaining balance due to Complete Eye Care after insurance filing, I agree to accept responsibility.
- If you miss or cancel your appointment without advance notice it may prevent our doctors from helping other patients in need. Kindly give 24 hours notice if you are unable to keep an appointment. Non-compliance will result in a \$90 late cancellation fee before scheduling another appointment.
- **Glasses and Contact Lens prescriptions are valid for 12 months from your exam date. If vision changes occur after 60 days from exam date, an updated refraction or medical appointment fee applies (medical/medication changes, dry eye, cataracts, etc...).** **Outside glasses are not troubleshooted in house as they are the responsibility of the fabricator.** Our opticians service and support your in house purchases with frame manufacture and lab warranties.
- **Refunds/Returns: No Refunds.** Lenses and glasses are custom orders and therefore non-refundable. Frame exchanges may be made within 30 days and restyle/restock fees may apply.
- We accept checks for payment with identification. A \$50 fee applies for a returned check.
- We will notify and confirm appointments via email if an email address is provided. Use of email will be for notification and patient education purposes only. We will not share your email address at any time.
- If your account becomes delinquent, it may be assigned to a collection agency. I have been informed an additional 35% collection charge of the outstanding balance or a minimum of \$40 whichever is greater will apply.

## Box 1: Vision Plan Exam

These reasons may be covered under **VISION COVERAGE** and will be filed accordingly.

- I may need a new glasses prescription
- I want a new contact lens prescription\*
- I want to try contacts for the first time\*
- I need a routine wellness exam

**\*Contact Lens Evaluation Fees Apply, They Range From \$93, \$107, \$129, Up to \$850 Depending On The Type Of Evaluation**

## Box 2: Medical Exam

These conditions may be covered under **MEDICAL INSURANCE** and will be filed accordingly.

- Red eye
- Itchy eyes
- Cataracts
- Eye turn/lazy eye
- Diabetes
- Macular degeneration
- Dry eye
- Sudden vision loss
- Glaucoma
- Double vision
- Floaters
- Eye pain or pressure

## Digital retinal imaging is \$45 and not billable or covered by EITHER plan.

- If you have a medical condition and need a glasses/contact lens prescription, please be aware your insurance may or may not cover that portion of the exam.
- While the doctor may diagnose a medical condition during a routine exam, a second visit may be needed after the medical condition has resolved for an accurate glasses/contact lens prescription.
- **A Refraction fee not billable to medical insurance is \$92.00**
- **Self pay: Vision Exam \$139.00( glasses RX) Medical Office visit-non glasses or contact lens related symptom \$180-\$230**