



Financial Policy Agreement

Medicare Insurance Billing – You are financially responsible for any non-covered services under Medicare guidelines, as well as your 20% co-ins and any amounts applied to your yearly Medicare deductible.

Health Insurance Billing: Co-pay, Deductible and co-insurance – If you have a co-pay, deductible and/or co-insurance that apply, we ask that you pay this on the day of service. We will submit the claim to your insurance company. If payment is not received from your insurance company within 60 days, we will then ask that you contact your insurance carrier to assist us in getting your claim paid.

No Insurance – If you are an uninsured patient to the office you will be **required to pay in full at the time of service**. We gladly give estimates upon request. Our office offers Care Credit (a financing plan for patients). Care Credit is available at www.carecredit.com.

Refraction – The part of the examination that determines your eyeglass or contact lens prescription is called a refraction. Refraction is necessary under certain circumstances to check the affects of certain medical conditions. The Refraction is not covered by Medicare or most other insurance plans, even when your doctor feels that it is necessary for diagnostics purposes. The fee for the refraction is \$35.00. You will be asked to pay the fee for the refraction on the day of your visit.

Hardware (glasses) – Frames generally come with a 2 year manufacturer’s warranty for manufacturer’s defects. If your frame breaks under normal wear and tear with no apparent abuse, it will be replaced under the warranty. Lenses purchased with scratch resistant coatings are covered for a 2-year scratch resistant warranty, as long as the lens has no apparent abuse, it will be replaced under the warranty. Progressive lenses are covered under a 90-day non-adaption guarantee. If you are unable to adapt to progressive lenses within 90 days, we will remake your lenses into single vision, lined bifocal or lined trifocal lenses at no additional cost to you. No refund can be given for the difference in the price of these lenses.

If you feel that there has been an error in your prescription, we will ask you to see the optician in our optical department who will verify that your lenses have been manufactured per the specifications of the written order. After this, you may be scheduled to see a doctor to verify the prescription. If the doctor makes a change to the prescription, that requires that the lenses be remade, the lenses will be remade at no charge. After 60 days, however, you will be charged for office visits/lens changes.

Your prescription glasses are custom made, and therefore not returnable. No refunds or insurance reversals will be given for any order. If you cancel your order before the lenses are processed, you will receive a 90% refund and a 10 % processing fee will be charged.

I hereby authorize that my insurance benefits be paid directly to Mid-Valley Eye Care. I understand that it is my responsibility to pay deductible amount, coinsurance amount, co-payment amount, or any other balance not paid to the physician by my insurance company. It is our policy to collect at the time of service for all services that are not covered by your insurance carrier.

Patient / Guarantor Signature

Date