**EYECARE PROFFESSIONAL ASSOCIATES POLICY AND PROCEDURES**

**(Please Initial in space provided)**

\_\_\_\_\_\_\_\_WE WILL NOT REPAIR OR ADJUST GLASSES THAT ARE NOT PURCHASED IN OUR OFFICE.

\_\_\_\_\_\_\_\_WE REQUIRE A 50% DEPOSIT DOWN TO ORDER ANY MATERIALS. PATIENT BALANCE MUST BE PAID IN FULL BEFORE ANY MATERIALS ARE DISPENSED.

\_\_\_\_\_\_\_\_TO ALLOW PROPER CARE FOR ALL OF OUR PATIENTS WE REQUIRE A DISPENSING APPOINTMENT FOR GLASSES AND CONTACTS.

\_\_\_\_\_\_\_\_IF YOU ARE HAVING TROUBLE WITH YOUR GLASSES, YOU MUST NOTIFY OUR OFFICE WITHING THE 30-DAY REMAKE PERIOD. IF YOU ADVISE US AFTER THE 30-DAY REMAKE PERIOD, THE LENSE WILL NOT BE COVERED AND ARE AT PATIENT COST.

\_\_\_\_\_\_\_\_GLASSES AND CONTACTS ARE ORDERED THE SAME DAY AS A DEPOSIT IS PLACED. IF YOU WANT TO CANCEL OR CHANGE YOUR ORDER AFTER IT HAS BEEN PLACED THERE WILL BE A 40% RESTOCK FEE.

\_\_\_\_\_\_\_\_**MOST** GLASSES COME WITH A WARRANTY. IF YOU PUT GLUE ON THE GLASSES OR LENSES IT VOIDS THE WARRANTY. IF THE LENSES HAVE A WARRANTY. THE WARRANTY WILL NOT COVER IF THE DOG, CAT, OR LAWNMOWER EAT THEM.

\_\_\_\_\_\_\_\_CONTACT LENSE EXAMS ARE TO BE PAID AT THE TIME OF SERVICE.

\_\_\_\_\_\_\_CONTACT LENSE EXAM MUST BE FINALIZED WITHIN 90 DAYS. IF YOU HAVE NOT FINALIZED YOUR CONTACT LENSES SCRIPT WITHIN THE 90 DAYS. YOU WILL NEED TO BE RE-EVALUATED.

\_\_\_\_\_\_\_CONTACTS ARE CONSIDERED A MEDICAL DEVICE AND WILL BE EVALUATED ON A YEARLY BASIS.

\_\_\_\_\_\_\_EXAM PRESCRIPTIONS ARE GOOD FOR A YEAR, UNLESS OTHERWISE SPECIFIED BY THE DOCTOR.

\_\_\_\_\_\_\_IF DURING YOUR EXAM A MEDICAL DIAGNOSIS IS FOUND YOUR MEDICAL INSURANCE WILL BE BILLED IF IT IS APPLIED TO YOUR DEDUCTABLE YOU WILL BE RESPOSIBLE FOR THE BALANCE.

\_\_\_\_\_\_\_COPAYS ARE DUE AT THE TIME OF SERVICE.

\_\_\_\_\_\_\_IF YOU NO SHOW OR DO NOT GIVE PROPER NOTICE FOR CANCELING APPOINTMENT (24 HOURS), YOU WILL BE PERMITTED ONE RESCHEDULE. IF YOU NO SHOW FOR YOUR SECOND APPOINTMENT YOU WILL HAVE TO CALL ON A DAY YOU KNOW YOU CAN COME IN AND IF WE HAVE AN AVAILABLE APPOINTMENT, WE WILL BE GLAD TO PUT YOU ON THE SCHEDULE THAT DAY.

\_\_\_\_\_\_\_\_IF YOU ARE MORE THEN 10 MINUTES LATE FOR YOUR APPOINTMENT, WE RESERVE THE RIGHT TO RESCHEDULE YOUR APPOINTMENT.

\_\_\_\_\_\_\_\_PLEASE ALLOW AN HOUR FOR YOUR APPOINTMENT.

\_\_\_\_\_\_\_\_WE CAN ONLY DISCUSS YOUR INFORMATION WITH PEOPLE YOU HAVE LISTED ON YOUR HIPPA RELEASE FORM.

\_\_\_\_\_\_\_\_WE REQUIRE A MEDICAL RELEASE TO BE SIGNED TO RELEASE INFORMATION TO OTHER MEDICAL PROVIDERS, OR IF YOU WOULD LIKE A COPY OF YOUR RECORDS.

\_\_\_\_\_\_\_WE HAVE ZERO TOLERANCE FOR INAPPROPRIATE LANUAGE, OR BEHAVIORS TOWARDS THE STAFF, PHYSICIANS, OR OTHER PATIENTS.