

Starts November 18, 2015

Armstrong Eye Care Associates, P.C. (AEC)

General Office Policy

Our primary goal is to provide you with the best and reliable service with the latest technology. We are here to help you see better. Below is our general office policy to help provide you with a smooth and enjoyable experience with our office.

Insurance:

1. Please be aware of what your insurance is and what the coverage entails.
2. Please obtain a referral from your primary care doctor prior to your visit if your insurance requires one.
3. All co-pays and non-covered charges are paid at the end of the office visit.
4. Regardless of your insurance status, you are ultimately responsible for the balance of your account for any professional services rendered and materials dispensed by AEC.
5. If our office accepts your insurance, we must wait for payment from your insurance. If your insurance does not pay within 90 days, you must pay the balance due and be reimbursed by your insurance when and if it pays.
6. Our office CANNOT guarantee your insurance will pay for the services billed. We will make every attempt to verify eligibility, obtain the necessary authorization and inform you of what may or may not be covered. However, if your insurance claim is denied, you are responsible for the full amount of you bill (including any charges for services and materials).
7. If claim is denied, it is your responsibility to make an appeal to your insurance company. Our office will provide you with any necessary information to assist you in this process.
8. In order to utilize your insurance, you must be eligible at the time of service.
9. If you are using insurance for the purchase of glasses, please be aware that some insurance requires us to use the lab that they have chosen. We have little to no control over the amount of time it takes to manufacture your glasses.
10. If you have a copay or deductible on any testing (OCT, fundus pictures, visual fields, punctal plugs) or procedures (foreign body removal) that are billed to your medical insurance – we will bill you once we receive a response from your insurance company.

Payment:

1. All copays and non-covered charges are paid at the end of the office visit.
2. You will be billed and are responsible for any charges for services and materials that your insurance does not cover.
3. A \$30.00 fee will be assessed for each bad/return check.
4. We do require a deposit of 50% for all glasses.
5. We do require payment in full for contact lenses.
6. The balance must be paid in full before glasses are released.
7. We reserve the right to turn any account over to a collection agency if it is deemed that the account has been in default of payment. If your account is sent to a collection agency, you will be responsible for ALL collection costs.
8. Prescriptions for glasses and/or contacts lenses will not be released if the account is past due or in collection.
9. All medical office visits will be charged your specialists copay and must be paid the day of the visit.

Contact Lens:

1. Contact lens fitting is not part of an eye exam. There is an additional fee for the assessment of the vision with contact lenses and the proper fit of the lenses on your eyes.

2. All new (first time) contact lens wearer must successfully insert and remove contact lenses in their eyes in order to receive the contact lenses or trials.
3. All contact lens follow ups must be completed before a contact lens prescription can be released, unless approved by the doctor.

Glasses:

1. Adjustments for glasses and minor repairs for glasses purchased from our office are free of charge. There is a \$10.00 charge for glasses not purchased from our office
2. Your insurance may not offer coverage and/or discounts for Designer Frames.
3. You may use your own frame provided it is in good condition.
4. Frames can be on hold for a maximum of 1 week.
5. All completed orders must be picked up within 2 months following notification. If it is not picked up, the material(s) will be returned.
6. If you have any problems adapting to your new prescription, let us know within 60 days of ordering your glasses. Our office will be happy to recheck the fit, the prescription and the lens specifications. If we determine that the prescription needs to be adjusted or certain measurements should be changed, we will make these changes at no cost to you if it is within the 60 days. Our goal is your satisfaction with our finished product.
7. If you are using your insurance for glasses we offer a warranty on your frame. It is \$25.00. It warrants the frame for 1 year against manufacturer's defects. There is no warranty for loss

Prescription Checks and Contact Lens Follow Ups

1. Prescription re-check with 60 days of exam date will be at no charge. All rechecks from 61 days – 6 months after the exam date will be charged \$30 for a refraction fee. After 6 months from the exam date, the visit will be considered a new exam.
2. All contact lens follow-ups within 60 days of a contact lens exam will be included in the fitting fee charged at the time of the contact lens exam. Any follow up visits from 61 days and 6 months from the date of the contact lens exam will be charged a fitting fee appropriate to the level of the contact lens fitting procedure. After 6 months from the exam date, the visit will be considered a new exam.
3. A contact lens is a medical device and like other medications, it requires a doctor for any changes. Your prescription includes brand name, base curve, diameter, lens strength, and an expiration date (maximum one year). This policy is regulated by the **FEDERAL TRADE COMMISSION (FTC)**.
4. An annual eye examination by your doctor is required to renew or change a prescription.
5. No retailer, optician or online services is allowed to dispense contact lenses beyond the expiration date or to change the defining parameters of a prescription.
6. Trial contacts are only given to patients that purchase their contacts through AEC and are not overwearing the contacts.
7. When you are fitted for contacts only two trial pair are allotted.
8. This policy is regulated by the Federal Government.

Return/Exchange Policies

1. Professional services are NON-REFUNDABLE.
2. We will honor a one-time re-make (prescription change made by the doctor) of the lenses within 60 days from the date of purchase. Subsequent changes will incur additional charges.
3. If a patient does not adapt to a pair of prescription progressive eyeglasses within 60 days (or the insurance company's rules) we will remake the glasses (only one time) to a standard bifocal at no additional charge to the patient. No refund will be given for the price difference in materials.

Signature: _____

Date: _____