

OPTICIAN:

DATE:

DOCTOR:

NAME:				DOB:				U & C	OOP
FRAME									
NEW:				POF:					
SINGLE VISION									
INDIVIDUAL \$180	DRIVESAFE \$180	STANDARD \$130	DIGITAL: \$180	500	750	1000	1250		
BIFOCAL									
ST28 \$170	ST35 \$260	EXECUTIVE \$230							
TRIFOCAL									
STT7X28 \$190	STT8X35 \$280								
PROGRESSIVE									
INDIVIDUAL \$420	DRIVESAFE \$420	PURE \$340	LIGHT D \$250	OFFICELENS: \$250	BOOK	DESK	ROOM		
MATERIAL									
PLASTIC \$0	POLY \$90	TRIVEX \$90	1.60 \$140	1.67 \$140	1.74 \$140				
ANTI-REFLECTIVE									
PLATINUM	BLUEPROTECT	DRIVESAFE	SUN	SILVER	CHROME	SET	\$150		
PHOTOCHROMIC									
GREY	PRO GREY	EXTRA GREY	BROWN	PRO BROWN	BLUE	PIONEER	\$150		
POLARIZED									
GREY	BROWN	GREEN	SKYLET:	FUN	SPORT	ROAD	\$150		
MIRROR									
SILVER ROSE	WHITE STRONG BLUE	RED	GREEN	BLUE	BRONZE	GOLD	\$80		
FLASH:	WHITE	AMBER	JADE	SAPPHIRE	RUBY	COOL BLUE			
TINT									
GREY MATCH TINT	BROWN CUSTOM:	PIONEER	BLUE	ROSE	SOLID GRADIENT	%	\$40		
OTHER									
DRILLED RIMLESS \$30		EDGE POLISH \$20		PRISM \$2 PER DIOPTR		BLUEGUARD \$20			
HOYA ADVANTAGE PACKAGE W/TRIVEX									
SINGLE VISION \$140		BIFOCAL \$170		TRIFOCAL - POLY ONLY \$190		PROGRESSIVE \$250			
INSURANCE							COPAY		
AETNA	ATRIO SPECIAL NEEDS		BCBS	EBMS	CIGNA	EYEMED	SUBTOTAL		
MEDICARE	MODA	PACIFICSOURCE		PROVIDENCE	SPECTERA		BENEFIT		
SUPERIOR	VSP	OTHER:					DISCOUNT		
PD'S:	SEG HEIGHT:	POW:				TOTAL			
NOTES:							PD TODAY		
							OWES @ PICKUP		

****SIGN OPTICAL PURCHASING POLICY****

Optical Purchasing Policy

Financial Policy

Provider accepts insurance assignment. Our doctors are committed to providing care for the entire community and have contracts with many insurance providers. Please note that covered services and programs vary by insurance plan, so it is important to verify your specific benefits and coverage with your carrier prior to your appointment. Patients have the responsibility to know if they have routine vision coverage.

Any account balance due after insurance payment has been received, is due in full within the same billing cycle.

When glasses or contacts are ordered, full payment is due at the time of order. **Frames purchased in the optical department are final sale, no refunds.** We accept Visa, MasterCard, Discover, American Express, Care Credit, Debit, Check or Cash. Checks returned for non-sufficient funds will be billed the check amount with an additional fee of \$25.00. If you have optical fees exceeding \$200 and do not already have a Care Credit account, we can help you attain one in advance of services. Ask a staff member for an application and we will help you apply.

I understand that I am responsible for all financial obligations of optical services. If for any reason my account should become delinquent, I acknowledge responsibility for my outstanding account balance and for all related fees attributed to collecting my debt.

90 Day Acknowledgement Policy

I understand that it is my responsibility to have my glasses prescription filled in a timely manner and agree that any eyeglasses recheck, after 90 days from the date of my exam is a billable office visit. Also, any changes in lenses after 90 days from the date of delivery is at my own expense.

Frame Disclaimer - Patient Owned Frames Policy

We will take every precaution to ensure careful handling of a patients' frame. However, we are not liable for breakage / damage to any patient supplied frame. Use of such frames will be at patients own risk. If breakage / damage occurs a new frame will be billed at normal price.

I have read the optical purchase policy and understand my responsibilities. By my signature I acknowledge, without exception, and accept the optical policy terms and conditions.

Printed Name

Date Of Birth

Signature of Patient

Date