

Signature of responsible party

## **OFFICE POLICIES**

I understand that I am responsible for payment at the time of service. This includes co-pays and fees for exams and/or materials that are above and beyond my insurance coverage.

I understand that my insurance carrier (if applicable) may not cover the cost of services rendered. I understand that the fee for these services may be counted against any deductible or out-of-pocket expenses mandated by my insurance plan. If my insurance carrier denies payment for any reason, including failure to obtain the proper referral, I agree to be personally and fully responsible for payment of services rendered. I am responsible for updating Metropolitan Eyecare with any changes in my insurance. If I fail to notify Metropolitan Eyecare, and the changes in my insurance result in non-payment of services. I will be responsible for all fees.

Print patient name	Date
I HAVE READ THESE OFFIC	E POLICIES AND AGREE TO THESE TERMS.
PRIVACY (HIPAA):	I hereby acknowledge that I have been offered an opportunity to read Metropolitan Eyecare's Notice of Privacy Practices.
FORFEITED ORDERS:	Orders that haven't been picked up within 6 months are considered forfeited. <b>NO REFUNDS will be issued.</b>
CONTACT LENSES:	Contact lenses are non-returnable and non-refundable once the box has been opened.
CONTACT LENS TRIALS:	Trial contact lenses are issued only by the doctor. If you have been given trial lenses to try, you will not have a finalized prescription, nor will you be able to order contact lenses until the doctor authorizes it. If you do not return to the office for a contact lens check or let us know how you are adapting to the lenses within 90 days, you must return for a new exam at your own expense.
FRAME WARRANTIES:	The Manufacturer offers a one-year warranty from the date of original purchase. We will adjust your frame and/or perform repairs to nose pads and screws. If you need a warranty replacement, a \$20 shipping and handling fee applies.
PATIENT'S OWN FRAME:	If you choose to use your own frame for your new glasses, we will take the utmost care to process your order without breaking the frame, but since frames lose flexibility with age, we are not liable for any damage incurred.
FIRST TIME PROGRESSIVES:	If you wish to try progressive (no-line) bifocals for the first time and are unable to adjust to them, we will remake your glasses as a lined bifocal, lined trifocal, or single vision glasses at no additional cost. NO REFUNDS WILL BE ISSUED FOR THE ORIGINAL CHARGES.
PRESCRIPTION CHANGES:	If you have difficulty with your prescription, you must return with 45 days of your original exam to visit the doctor. If there is a prescription change, we will remake the glasses at our cost. PLEASE NOTE: If you brought your prescription from an outside doctor, you must return to that doctor to have your prescription checked.
EXCHANGES/RETURNS:	Eyeglasses are custom made to the specifications of your prescription. As soon as the order is entered into our system, the lenses are ordered by the lab. Lenses are custom-made and custom-fit to each frame. Since they are custom items, all orders are non-refundable. NO CANCELLATIONS, RETURNS, OR REFUNDS CAN BE MADE ON LENSES, FRAMES, OR COMPLETE PAIRS OF EYEGLASSES.
PAYMENT POLICY:	All charges are due at time of purchase. We accept cash, checks, credit/debit cards, and Care Credit.
	ered. I am responsible for updating Metropolitan Eyecare with any changes in my insurance. If I fail to and the changes in my insurance result in non-payment of services, I will be responsible for all fees.