



OFFICE POLICIES

All copays are due at the time of service. We accept cash, Visa, Master Card, or American Express. Please be prepared to show picture identification such as a driver's license.

We file insurance as a courtesy to our patients. Insurance is a very time-consuming process; therefore, we will file insurance one time per visit. Please ensure the insurance information provided is correct before the exam. We will not resubmit or reverse claims because of a patient's request. Patient's with multiple insurance policies are responsible for comparing them.

For patients with insurance, it is expected that your insurance will not pay for all services (i.e. Refraction, which determines an eyeglass prescription; retinal photo or visual field, which can detect early indications of glaucoma, as well as other medical problems) or materials that are received in this office. **You will be financially responsible for any services or materials that are not covered by or paid for by your insurance company.** Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. Although we estimate your insurance benefits, we cannot guarantee what your insurance will pay not will we know until the claim is filed. **The balance is your responsibility whether your insurance company pays or not.** The parent or guardian accompanying a minor is responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit or debit card or payment is made by cash or check.

All balances must be paid prior to the release of materials. We do require a 50% deposit before any materials will be ordered. All prescription optical materials are customized and fabricated specifically for each individual patient. **Fees for the materials are non-refundable, and once ordered, become the financial responsibility of the patient. All materials not picked up within 90 days become property of Westminster Vision and any deposits thereon will be forfeited. There will not be any refunds.** If you choose to make your eyeglasses in the office, we provide you with a one-time prescription lens change in your frames within ONE month of your original lenses.

THERE ARE NO REFUNDS FOR PROFESSIONAL SERVICES RENDERED.

If an order for contact lenses or glasses is placed by phone, a credit card number, expiration date, and zip code connected to the card at the time the order is placed to pay for desired materials.

Delinquent Accounts: You have 90 days to pay your account in full. If your balance becomes past due after the 90-day period, we will take the necessary steps to collect this debt. If we must refer your account to a collection agency or lawyer, you will be responsible to pay all collection, lawyer and court fees that are incurred.

There will be a \$35 service charge for any returned checks. Cash, money order, or a credit card will then be required for payment in full.

By signing below, I acknowledge that I have read and reviewed Westminster Vision's office policies. **I understand that I am responsible for any procedures not covered by my insurance company for any reason. I understand that I am responsible for any co-payments, deductibles, contact lens fittings, and materials that I have asked to be ordered. I UNDERSTAND THAT ALL PROFESSIONAL FEES ARE NON-REFUNDABLE.**

Printed Name: _____ Date: _____

Signature of patient or Legal Gaurdian: _____