
Patient Name

Patient DOB

Sandia Vision Clinic Policies

ROUTINE VISION VS. MEDICAL

Your vision insurance is intended to provide you with a wellness eye evaluation. If you are being evaluated for a medical reason (corneal disorders, retinal disorders, diabetes, cataracts, glaucoma, dry eyes, eye infections, etc.) then you are being provided with medical care.

Your vision insurance does not provide coverage for medical care. Therefore, if you have a medical eye condition, we will be billing your medical insurance for visits related to medical complications and problems.

REFRACTION POLICY

The Refraction is the portion of the vision exam which determined your glasses prescription. If your exam is routine and not medical, it is covered by vision insurance. During your visit a refraction may be performed to determine your need for glasses or to evaluate if any further visual improvement can be achieved. This is a necessary and essential portion of your eye exam, and in many cases, it is the sole reason for the appointment. Please be aware that this is a **NON-COVERED service by Medicare as well as most medical insurance companies** and is the responsibility of the patient. Our office currently charges **\$45 +tax** for this procedure. We appreciate your cooperation in collecting this fee at the time of service.

CONTACT LENS FITTING & EVALUATION

In order to prescribe contact lenses, your eye doctor must perform an evaluation and fitting on a yearly basis to ensure proper eye health. This service is NOT included as part of a comprehensive eye examination. Contact Lens evaluations and fittings have different levels of difficulty and complexity: which can depend upon each individual's prescription, eye health, visual needs and other considerations. Fees are determined by your doctor at the time of your exam and may not be covered by your insurance.

SPECIAL TESTING

These medical tests are applied towards your medical deductible. If your insurance does not pay for services, you will be responsible for the billed charges.

OPTOMAP/MPOD

The Optomap is a digital scan of your eyes. It is highly recommended, but it may not be applicable in some medical exams. The MPOD is a risk assessment for Age Related Macular Degeneration. If you elect to have these services, there will be a \$45 fee +tax, as it is not usually covered by insurance.

PATIENT AGREEMENT OF RESPONSIBILITY AND CONSENT TO TREAT

Payment for annual deductibles and coinsurance may be collected at the time of service. I understand that I am financially responsible for charges which are not covered by my insurance company. If I do not provide the necessary information to process my health/vision insurance in a timely manner, I will be responsible for those charges. I voluntarily consent to such care and treatment as prescribed by the doctor as is deemed necessary in his/her medical judgment.

Authorization to Release Medical Information

I authorize Sandia Vision Clinic to release/request medical information on my behalf to/from any entity to assist in my medical care per my request. This assignment will remain in effect until revoked in writing.

Private Health Information

My signature below acknowledges that I was provided the opportunity to receive/review a copy of Sandia Vision Clinic's Privacy Policy Notice.

Financial Responsibility

By Signing this statement, I understand that Sandia Vision will bill my insurance I provided on my behalf. All co pays, coinsurance, deductibles, will be due at the time of service. Sandia Vision has my permission to accept a payment directly for services and goods provided. I understand that all benefits quoted to me are not a guarantee of payment by my insurance and I am responsible for ALL balances due and ensuring my insurance company processes my claim timely and correctly.

OptoMap

This is a retinal screening that is not covered by any insurance. This is the patient's responsibility in full at the time of service.

Insurance Coverage and Wait Times

We at Sandia Vision Clinic value our patients and strive to provide the best care for you with quick turnaround times, friendly, knowledgeable and professional service, and high-quality eyewear. Our typical wait times are between 7-14 business days depending on the insurance company you are enrolled in. Our goal is to ensure your glasses arrive within the expected time frame; however, we do occasionally experience unforeseen delays and quality control issues which regrettably result in extended wait times for our customers.

Patients Own Frame Use

Sandia Vision Clinic is more than willing to adjust, repair, or install a new set of lenses into your own frame. Please know that even with our best efforts by our trained staff, we cannot guarantee that frames will not be damaged. If your frame was purchased at Sandia Vision Clinic and it is out of warranty, or if the frame was not purchased at Sandia Vision Clinic, we cannot be held responsible for any breakage or damage that may occur.

New Frame Purchase

When Purchasing a new frame with Sandia Vision Clinic, it comes with a two-year (from purchase date) guarantee against manufacturing defects. Accidental breakage or intentional abuse is not covered under warranty. All original parts must be returned to our office to take advantage of warranty. This is one-time replacement warranty! If there are any defects, please bring broken frames in for our trained staff to repair. Do not attempt to fix on your own as this may void the warranty.

Davis Vision frames have one year from purchase date warranty against manufacturer defect.

Closeout and Clearance Frames

When purchasing a clearance frame, this is a final sale. **Clearance frames are a final sale. No restyle, refund, or warranty will be applicable.**

Davis Vision is one of the insurance companies we are in network with that encompasses its own lab. This lab, however, is located in New York. With shipping times and possible delays caused by the lab and/or logistics carriers, Sandia Vision Clinic cannot be held responsible for the quality or length of time it may take to receive your eyewear from the contracted lab we are required to use per your insurance benefits/company. Regrettably, policy wait times are sometimes out of our control, however we will continue to do our best and keep our customers abreast to delays in shipments, as we understand your anticipation in receiving your new eyewear.

Patients Own frame Policy

Sandia Vision Clinic is more than willing to adjust or install new lenses into your own frame. Please know that even with our best efforts and trained staff we cannot guarantee that frames will not be damaged. If your frame was purchased at Sandia Vision Clinic and is out of warranty **or** if the frame was not purchased at Sandia Vision Clinic, we cannot be held responsible for any breakage or damage that may occur.

Customer Satisfaction Guarantee

At Sandia Vision Clinic, patient satisfaction is our highest priority. In our optical department, our patient satisfaction guarantee ensures your purchase will meet your expectations to the fullest of our ability. If for any reason your glasses do not meet your expectations, please inform us ASAP. Our guarantee includes, frame restyling and prescription lens remakes, for any reason, for up to 30 days after you pick up your glasses. A doctor's prescription change will be honored for 90 days after the pickup of your glasses. Since glasses are custom orders, unique to the individual patient, we cannot offer credit card or cash refunds. We will however, issue a store credit for the amount of the original purchase of the glasses.

Financial Responsibility

By signing this statement, I understand that Sandia Vision Clinic will directly bill the insurance I've provided, and that all copays, coinsurance, and deductibles, will be due at the time of service. I am giving Sandia Vision Clinic my permission to accept a payment directly for services and goods provided. I understand that all benefits quoted to me are not a guarantee of payment by my insurance, and that I am responsible for ALL balances due, and ensuring my insurance company processes my claim timely and correctly.

Patient/ Guardian Signature

Date