



Financial Disclosure & Office Policy

We believe in full transparency!

Please initial at the bottom of each page

- I understand that vision plans (VSP, EyeMed, etc) are NOT medical insurances and therefore only cover wellness or routine vision services
- I understand that vision plans do NOT cover or contribute to chronic management or treatment of ocular disease, medical procedures, or specialized testing
- I understand that my medical insurance will be used to cover or contribute to any medical diagnosis, management or treatment of ocular disease, or other medical procedures performed
- I understand that in order to maximize my usage of benefits, Innovista Eye requires all patients to present both medical insurance and vision plan information at the time of scheduling
- All professional services, material charges, and fees are due at the time services are rendered, unless other written arrangements are made in advance
- Custom eyewear measurements performed by our trained opticians, including pupillary distance (PD), are included at no cost when purchasing eyewear through our office. We do provide this service for **\$45.00** for eyewear purchased outside our office
- Due to varying quality in materials, proprietary lens technology, and services obtained at other clinics and retail settings, all verification and rechecks of glasses prescriptions and/or eyewear measurements that have been purchased and/or manufactured outside of Innovista Eye will incur a **\$45.00** charge for our professional time
- Unpaid accounts exceeding **90 days** are subject to collection fees.

_____ **Initials**

I hereby understand and fully agree with the above office policies, charges, and protocols.



- There will be a service charge of **\$30.00** on all returned checks
- Missed appointments without a courtesy 24-hour notice will incur a charge of **\$45.00**
- **Refraction** testing is **NOT** a covered service by Medicare and other third-party medical carriers – this is a **\$65.00** out-of-pocket service that is due at the time of comprehensive evaluations and/or when glasses prescriptions are given
- Contact lens exams and services **start at \$120.00 in addition to the exam fee** depending on the type, complexity, plan coverage, etc. This includes all necessary testing and imaging, as well as **60 days** of no charge visits to finalize a prescription. Please notify us if you are interested in specific contact lens services for a more accurate estimate. Exchanges and/or returns of any contact lens materials will incur a restocking fee and must be of equal or lesser value.
- **Digital Ocular Imaging = \$45.00**
 - Similar to dental imaging, this is a comprehensive, digital, multi-image ocular scan that assess the optic nerve, retina, and other structures of the eye down to the micron scale to detect early disease
 - This test is part of our comprehensive eye exam to establish an ocular health baseline for ALL of our patients, and is part of our standard of care
 - I understand this test cannot be unbundled as per our office policy and will be performed on all comprehensive exams
 - I understand that this is a Non-Covered Service under Vision Plans (VSP/Eyemed) and therefore is NOT included with “routine” exam copays
 - Routine dilation will be performed in addition to this test as per the discretion of the doctor for each individual case based on medical necessity
 - Your doctor will carefully review any findings or abnormalities during your exam

_____ Initials



INNOVISTA

FAIR EYE OAKS

I hereby understand and fully agree with the above office policies, charges, and protocols.

The undersigned will ultimately be responsible for any remaining balance after insurance coverage has been applied. I hereby understand and fully agree with the above office policies, charges, and protocols.

Signature

Date