

Natick Eye Care Policy/Agreement
Revised: March 2022

We are dedicated to ensuring our patients can see to the very best of their ability, and look good doing so! To that end, we are happy to work with you to find the best solutions for your eyecare needs, and to resolve any issues impacting your ability to see clearly. With that in mind, please be advised of the following policies:

Exam and Care Agreement:

- ❖ I understand I am fully responsible for providing the details of all my insurance plans before the date of my exam.
- ❖ If my insurance claim is denied, I am responsible for the full cost of the exam.
- ❖ If I discover I have additional insurance more than thirty days after my appointment, the office will not be able to re-bill any insurance company - for either glasses or the exam.
- ❖ If I miss an appointment I will be charged a fee of \$50. I am also responsible to provide the office at least 24 hours advance notice if I need to cancel OR reschedule an appointment, to prevent said \$50 fee.

Eyewear Agreement:

- ❖ I understand that my prescription eyeglasses (sunglasses or ophthalmic) are custom made for me. Therefore, there are no returns or exchanges. I have *thirty* days from the date I pick up my eyeglasses to address any issue I may have with the prescription.
- ❖ All frames and lenses (unless otherwise specified) come with a one year warranty. We are happy to replace defective frames within the year for a \$35 payment, and will replace defective lenses for no cost. This warranty does not cover loss, or abuse of lenses or frames.
- ❖ I understand that my new glasses order can not be processed until I pay in full, unless the office agrees to an alternative arrangement.
- ❖ I understand there is no warranty, or guarantee if I supply my own frame and the lab damages it, or breaks it in any way. This is a risk wholly assumed by me.

Contact Lens Agreement:

- ❖ Contact lenses are FDA approved medical devices to be used for the correction of certain vision disorders. They must fit properly and need to be worn and cared for appropriately to maintain comfortable wear and to prevent permanent damage to the eye.
- ❖ A contact lens prescription is NOT the same as a spectacle prescription. In addition to the power of each contact lens, the size, curvature, and material must also be specified. The doctor will evaluate each of these parameters to determine the best fitting contact lens. The doctor may recommend that I try another type of lens to improve either the fit and/or my vision.
- ❖ Evaluation of contact lenses is NOT included in a general eye examination and is generally not covered by insurance companies. Contact lens patients require extra time and consideration and will be charged an *additional fee*. This fee includes the cost of two follow-up appointments, trial lenses, and training if required. This is *non-refundable* and

payable at the initial fitting/evaluation appointment. The fees for a contact lens fitting are as follows: \$89-\$250. The type of lens, prescription, and time spent on the examination determines where I would fall in the payment range.

- ❖ It is *my responsibility* to keep up my follow-up appointments to ensure that a successful and timely fitting is achieved. I agree to give at least 24 hours notice if unable to keep a follow-up appointment.
- ❖ I have *thirty days* from the date of my Contact Lens Evaluation to finalize my contact lens prescription. If I wait to finalize my prescription beyond this time period, a new exam and contact lens evaluation will be required and I will be re-charged the appropriate fee.
- ❖ Requests for specific brands of contact lenses made after the fitting process has begun may result in additional fitting fees.

Patient Name (please print): _____

Guardian Name (please print): _____
Required if patient is under 18 years of age

Signature: _____ **Date:** _____

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