

Eye Care One

Dr. Chad R. Nixon, O.D.

Dear Patients,

We would like to welcome you to our office and inform you of our office policies. Hopefully, this will enable us to better serve your eye care needs. If you ever have any questions, please feel free to ask them.

- * Our goal is to provide you the utmost in vision care using state of the art technology and equipment.
- * ONE YEAR WARRANTY POLICY FOR \$30.00. One time replacement on lens and frame. Every replacement after at a 50% discount. Warranty must be bought at time of purchase. This does NOT cover loss.
- * We accept most insurances. If we are not a provider of your insurance, we will be happy to fill out any forms you need to send in for reimbursement, but you are responsible to pay for all services at the time they are rendered.
- * If we do not receive payment from your insurance company within ninety (90) days of filing the claim, you will be responsible for the balance.
- * Professional fees and insurance co-pays are due the date of service. There is a minimum requirement of half down on all on-site lab work. All materials must be paid for in full in before the patient leaves the office with them.
- * We will start your custom spectacle order immediately. For this reason, cancellations on spectacles are not permitted. All glasses are custom crafted for each patient with their unique prescription. Also, all spectacle lenses are custom cut to fit the frame each patient has selected. Therefore, patients may not switch frames after their lenses have been cut. For all these reasons, cash refunds are not possible. At the doctors' discretion, patients who are not satisfied with the vision in their new glasses will have their prescription adjusted at no cost within 30 days of the original purchase.
- * Progressive Non- Adapt Policy- Cash refunds are not available on progressive lenses. However, any patient who fails to adapt within 30 days to their progressive. All have their prescription remade one time into the lens of their choice at no additional charge.
- * All minors under the age of 18 years must be accompanied by a parent or guardian. This is to ensure proper visual treatment for the patient and communication between our office and the person responsible for payment of services.
- * All returned checks are subject to a \$35.00 returned check fee and must be made good within 48 hours of the return check notice.
- * Collections Fee Policy: 35% will be added to invoice total if turned over to collections.
- * A copy of the HIPPA Privacy Act was made available to me at my time of service. A copy was available for me to keep if I desired.
- * NOTICE: There will be a 3.75 % charge to all credit card purchases. We made this change as a result of Covid-19 and the challenging environment it has created. We did not want to raise our prices. For cash-paying – or check-paying – customers, the price will be the exact same. Credit prices are now slightly higher. We as a business, do not make one penny off the higher credit price. Thank you for understanding.

Patient/ Guardian Signature

Date