

## Financial Policy

Your comprehensive annual vision and eye health exam with Dr. Paul Trapeni, Jr., today includes (but not limited to):

- ❖ **Refraction** (determination of your visual needs for distance, intermediate, and near for both eyes)
- ❖ **Ocular health** examination of front (anterior segment), middle, and back (retina) of your eyes
- ❖ Overall **health assessment** related to your eyes, medications, vision and referral to specialists when needed
- ❖ Glasses and Contact Lens **prescriptions** to best fit your individual needs – one year warranty on purchase of spectacles. Thorough **education** of your conditions, risks, and treatment options
- ❖ **Personalized attention** to your ocular health, glasses prescription, contact lenses, lifestyle, and fashion needs

**OPTOMAP: YES**, I choose the Optomap screening option to help detect early signs of retinal disease which can indicate problems such as certain cancers, high blood pressure, diabetes, retinal holes and detachments, for a fee of **\$39** due today.

I request the opportunity to ask my doctor questions and can still do Optomap after my exam, if desired.

**ACCEPTED INSURANCE COVERAGE**: I am aware that my insurance benefits dictate my copay(s), co-insurance, and deductible fees. Payment is due in full today and I am responsible for any portion of my bill that my Insurance Company does not pay for any reason.

**PRIVATE PAY**: I have NO INSURANCE coverage or other third parties liable for my visit today; I agree to assume full responsibility and to pay in full at the time services are rendered.

**CONTACT LENS EVALUATIONS**: I understand that wearing contact lenses require additional diagnostic testing not provided in a routine eye exam. Every patient that wears contact lenses will be subject to a fitting fee ranging from \$95-\$225. This fee includes your initial evaluation, trial diagnostic lenses, training and education, and a 90 day follow-up guarantee.

**CUSTOM PRESCRIPTION GLASSES**: Since prescription glasses are custom ordered to meet specific individual needs, they are non-refundable. However, we honor a 90 day courtesy warranty to ensure that every pair of glasses meets or exceeds our highest standards. In addition, all of our frame and lenses carry a full 1 year warranty against lens scratches and frame defects.

**PATIENT-SUPPLIED FRAME WAIVER**: Although we use the utmost care when handling your frame(s) and/or lenses, there are many factors that go into why a frame may break, (I.E.: quality, age, material, etc...) or what lenses could become damaged. Occasionally, a frame will break in the process of adjusting it, or while manufacturing new lenses. Because we do not have control over these unforeseen factors, The Optical Shoppe, LLC and their contracted labs cannot be held responsible for any breakage/damage to existing lenses and/or a patient's own frame.

**COMPREHENSIVE CARE WITH SPECIALIST**: I authorize The Optical Shoppe to furnish/request full information and records as requested by accepted insurance companies or designated doctors for purposes of providing you with a clear definition of our financial policy and/or medical consultations to allow us to assist you on important issues of your visual health.

**HIPAA**: I have reviewed, understood, and agree with the HIPAA Notice of Privacy Practices. I **DO / DO NOT** want a copy.

**PATIENT RESPONSIBILITY DISCLOSURE**: Payment is due in **FULL** at time of service and before any orders are placed. I am fully responsible for any payments not made by my insurance(s), and **checks** are not an accepted form of payment.

Signature: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_