

FINANCIAL POLICYⁱ

Payment of all services and materials are payable at the time of your visit. If you have health insurance, we will give you a super bill with the necessary codes, but we do not bill our patients or their insurance companies.

We cannot accept your insurance as payment unless we are in-network for your plan. In that case, you will be responsible for your co-payments, and any additional charges for services that are not covered by your insurance company even after the time of sale or service. We can only give you an estimate of your portion. We will only know the exact amount only after we bill your insurance company, and they have issued an explanation of benefits with payment.

Your insurance is a contract between you, your employer, and the insurance company. We are not a party of that contract.

Not all services and materials are covered in all insurance contracts. Some insurance companies arbitrarily select certain services they will not cover. We cannot render services or provide materials on the assumption that our charges will be paid by your insurance company. You are responsible for all non-covered services and materials.

There are additional fees for contact lens evaluations and follow up visits. The following services are not covered by insurance: visual function evaluations, dry eye evaluations, Ortho Keratology, and dry eye spa treatments.

Telephone and other professional consultations are charged at quarter hour segments (based on \$475 per hour) payable by credit card at the time of your consultation. This includes professional consultations that you have requested (attorneys, therapists, teachers, doctors, etc.). These charges are generally not covered by insurance.

All prescription orders for eyeglasses, sunglasses and contact lenses are **final sale**, once the order has been processed at the lab since these are custom orders. Sale and discontinued items are a final sale. We are not responsible for any materials left in our office over 90 days.

Frames normally carry a one-year manufacturer's warranty for defects with normal wear. This is to be determined by the frame manufacturer.

Services are not refundable. Shipping & handling is not refundable.

The Hollywood Vision Center is NOT responsible for lost or stolen packages. We will provide the tracking number and assist you with contacting the shipping service used. Shipping claims are the responsibility of the receiver.

In the rare case of a non-adapt to a progressive lens, we will remake the lenses into the same frame used for the original order, into a single vision lens (either distance or reading prescription) at no additional charge with the same lens options as the original order. The labs require that this is done within 30 days. There is no refund on the price difference.

INSURANCE & OUT-OF-NETWORK

If the Hollywood Vision Center- Optometry is not on your vision or health insurance, this is considered an out-of-network visit.

1. Please note that professional services are rendered and charged to the patient and not to the Insurance Company. You are responsible for service and materials fees.
2. Your insurance company may reimburse you depending on your eligibility and plan, but we are not responsible for collecting from your insurance company.
3. Payment is expected when services are rendered for all patients.

Even if an insurance claim is filed, you will receive a statement each month if your account has a balance due. This office cannot accept responsibility for collecting your insurance claim or for negotiating a settlement on a disputed claim. You are responsible for payment of your account within the limits of our credit policy.

4. We can give you a super bill listing services and materials rendered to attach to the claim form provided by your insurance carrier. A doctor's signature is not required on the superbill.

Please contact your insurance company representative or medical plan carrier for a claim form. Fill in your part of their form (usually part 1 or part A). Attach the superbill and mail it to the insurance company or health plan office according to their instructions.

It is not necessary for this office to fill out the insurance claim. Our customary fee will be charged for additional itemization of services.

5. If you have any questions we will assist you. Your insurance carrier will determine your eventual reimbursement.

I understand and agree to these policies.

Patient's Signature

Date

Patient's Name (Please Print)