



## Eyecare Appointment and Financial Policies for Patients

- 1) **Insurance Policy:** Besides Costco employees, we do not bill any insurance but will provide you with an itemized statement that may allow you to seek reimbursement from your vision or medical insurance carrier. Services are paid in full immediately after the initial examination and professional fees are not refundable.
- 2) **Late Policy:** Please understand, for a typical 30-minute appointment, if you are late, it can greatly diminish the quality of our care for you. If you are more than 10 minutes late for your appointment, we may have to reschedule you since we do not want to keep other patients waiting. Please know that our Doctors will do all they can do to extend the same courtesy and be respectful of your time by seeing you as promptly as possible.
- 3) **Missed Appointment Policy:** We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you provide more than 24 hours' notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot. We are unable to offer that appointment to other people if cancellations are made with less than 24 hours' notice. Appointments that are missed or appointments that are cancelled with less than 24 hours notification is subject to a \$35 missed appointment or cancellation fee. If an appointment cannot be kept, it is far better to call and cancel than not to call at all.
- 4) **Contact Lens Fitting Follow-up Policy:** In many situations with a contact lens exam, a follow up will be necessary to confirm that a contact lens is fitting correctly and is providing good vision and comfort. There are no additional charges for these follow-ups as long as it is completed within 90 days of the original exam. There will be an **Office Visit Charge after ninety days**. If a Contact Lens Prescription has been issued, there will also be an additional charge if an alternate contact lens other than what was initially dispensed is requested (ie. Colored contact lenses). **A completely new exam will be required if it has been more than 6 months from the initial exam.**

I acknowledge that I have read this appointment and financial policy and I am responsible for all the charges.