

Office Policies and Patient Acknowledgments (revised 040110)

Mission Statement: " To educate, protect and enhance the eyesight of every family in an effort to achieve optimal visual health and lifetime performance through excellent optometric care."

Family Wellness/Family Records

Families are very important to Dr. Makini and the Eyes Plus Team. We are here to serve the eye health needs of you as well as your family and we encourage new patients to bring their family members in for a complete comprehensive exam. It is to your benefit to take advantage of starting a family record to protect and enhance the eyesight of all family members. Please see our front desk to schedule your family's appointments before you leave today.

Initial _____

Financial Agreement

Payment is required in full for all services rendered. Should you agree to a service and it is rendered, you are financially responsible for full payment whether via insurance or out-of-pocket expense that day. If for any reason you cannot make payment , please inform us prior to the rendering of the services to eliminate any misunderstanding.

Payment is required in full before any products can be ordered. If payment cannot be made in full, a minimum of 75% is due at the time of ordering and will be financed at 1.5% interest with the balance being due upon order pick-up.

Initial _____

Insurance Coverage

It is ultimately the patient's responsibility to know his/her insurance benefits. Eyes Plus, Inc. is not responsible for non-coverage of insurance for services or products. As a courtesy, we will verify coverage and file with the insurance carrier on the patient's behalf, but the patient remains responsible for payment on all services rendered and products ordered.

Initial _____

Missed Appointments

Missed appointments are subject to a **\$25 charge** if an advance **24 hour notice** has not been given prior to the scheduled appointment time. If appointments are missed repeatedly without any advance notices, our office will find it necessary to bill you for this charge.

Initial _____

Release of Prescriptions

The release of **all prescriptions** will be granted providing the account is at a **\$0 balance**. Contact lens prescriptions will be released providing the current yearly exam is within 12 months of the release date and the patient completed the fitting package with Dr. Makini (including follow-up visits). Any package deviations and/or prescription changes are subject to a service fee and/or collection of any cost difference between packages (please see an associate for details). Non-compliance with these terms voids the package. Rendered services and/or products ordered are non-refundable.

Initial _____

Product Pick-up and Refunds

Once your order has arrived you will be notified by phone and will have **15 days** from the initial call date for pick-up. All unclaimed orders will be restocked after the **15th day** and any initial \$ installment will be used in-part as a **restocking fee** with the balance being **non-refundable**. As a patient, I understand that Eyes Plus, Inc. is not responsible for any product left unclaimed after **15 days**. All products are custom items and therefore are **non-refundable** (ie: Glasses, Lenses, Contacts, Prescription Sunglasses, ect.) and services rendered (ie: Exams, Medical Office Visits, ect.) are **non-refundable**.

Initial _____

Product Warranties

I will abide by all product warranties as described by the Eyes Plus staff and understand that these warranties are subject to change without notice. I understand that any applicable warranty coverage is for the same frame and prescription only. I further understand that any voluntary alterations to a frame voids all warranties and are considered done at the customer's own risk, Eyes Plus Inc. will not be liable for any damages.

Initial _____

Achieving Optimal Care

Achieving optimal eye health is a partnership between you, Dr. Makini and his staff, therefore it is crucial that you follow through with the Doctor's recommendations to insure the greatest results for the care that you are seeking. Dr. Makini and his staff take your eye health and vision care needs very seriously and have every confidence that you will be serious about taking the best care of your eyesight as well.

Initial _____

I have read and understand the above policies and agree to abide by them.

PRINT Patient Name(s) _____

Responsible Party Signature _____ **Date** _____ **Staff Witness** _____