

Annual Office Policies - Terms and Conditions

This policy sheet is designed to outline office policies at Capital Vision Center.
Please review and sign at the bottom once complete.

Eye Exams and Follow ups

- We recommend ANNUAL eye exams for patients of all ages to follow current national recommendations
- Follow up visits may be needed for patients with certain conditions or complaints
- We recommend making an appointment for all visits with the doctor. Walk-ins based on availability.
- Patients should arrive at least 15 mins before their scheduled appointment time. Failure to arrive on time may result in re-scheduling of the appointment and missed appointment fees may be applied
- No appointments necessary for Optical, accommodation based on first come first serve basis

Contact Lens Exams and Fittings

- Contact lenses are Class II Medical Devices as classified by the Food and Drug Administration (FDA). They require ongoing care for optimal performance and safety. The patient will be required to sign an annual wearer agreement to comply with the FTC rules and regulations. A contact lens exam/fitting requires extra testing, expertise, trial lenses, and examination by the doctor. A contact lens exam is an addition to a comprehensive eye exam. These fees are not usually covered in full by insurance or vision benefit plans. The fee covers the initial fitting, trial lenses, 2 follow-up visits (if necessary), and a 1v1 training session (if necessary).

Retinal Imaging Policy

- We pride ourselves on providing our patients with the best possible standard of care and the most modern techniques available. **Because of this, our doctors prescribe Optomap retinal imaging on ALL of our patients, at EVERY annual exam.** Images help the doctor assess the health of your eyes for conditions like glaucoma, macular degeneration, and/or retinal diseases. These problems can sometimes threaten vision without symptoms and early detection is the most important part of healthcare. Images will be explained in detail by the doctor in the examination and saved to monitor future changes. If you have any questions please speak to the technician before the images are captured.

Patient Notifications

- We may notify you of upcoming appointments, past due appointments, patient orders, birthday notifications, billing notifications, balances due, marketing messages, and any other general questions (list not exhaustive). Methods we may contact you are email, telephone, fax, text message, and US mail. You may also request access to your patient portal which allows viewing of the electronic health record and sending messages to providers. We may also notify you of new or existing products or services that may be relevant to you. You have the right to OPT OUT to any of these methods at any time by notifying the office in writing. By signing the office policy and/or making an appointment at Capital Vision Center, you consent to all methods of notification and communication listed above.

About Your Insurance/Vision Benefit Plans

- There are two types of plans that will help pay for your eye care services and optical products. You may have both types and Capital Vision Center accepts most plans in both categories: 1. Vision benefit plans (such as VSP and others) and 2. Medical insurance (such as Medicare, Anthem Blue Cross/Blue Shield, and others)
- Some medical insurance plans do have vision benefits for exam services and materials. We will utilize the most appropriate plan for the service, test, or material purchase. Detailed receipts will be given to the patient to submit for further reimbursement by medical plans for services and/or materials.
- Please provide your insurance information to our staff at every visit. We need to have your medical insurance cards, supplemental plans, and/or vision benefit plans on file before a service is rendered or material is purchased. We can not retroactively add it after a service is rendered or material is purchased. If a medical insurance or vision benefit plan is presented after, receipts must be self submitted to the plan by the patient for reimbursement.
- We may or may not be in network for all of your benefits you have. If we do not accept your insurance or vision benefit plan, you will be required to pay all non covered fees at time of service and you can self submit receipts to your out of network plan for direct reimbursement.

- If you have both medical insurance and vision benefit plans, it may be necessary for us to bill some services to one plan and some services to the other. Some plans will actually work together to pay for a service. We will follow a procedure called coordination of benefits to do this properly to maximize your benefits and to minimize your out-of-pocket expense, however we must follow the rules of the plan.
- Vision plans have benefits for vision wellness exams, along with material benefits for eyeglasses or contact lenses. Vision plans do not cover medical eye care (the diagnosis, management or treatment of eye health problems like dry eye, macular degeneration, diabetes, or cataracts). It provides a prescription for glasses and provides no medical care or advice. If you have a medical complaint you want addressed by the doctor, vision plans will deny the claim. If a medical condition is found to be the cause of visual impairment, we must use medical insurance per vision plan rules, and referrals may be send to specialists. Medical insurance must be used for medical eye care.
- Because vision benefit plans and medical insurance plans each have separate rules and coverages, multiple visits may be required to treat multiple concerns.
- Having an insurance plan is not a guarantee of full or partial coverage. If some fees are not paid by your insurance(s), we will bill you for them, such as deductibles, co-pays, or non-covered services as detailed by the insurance contract(s).

Total Satisfaction Guarantee

Eyeglasses are custom-made medical devices. Payment in full on eyeglass orders is expected, unless otherwise approved by management. Because orders are processed immediately with the lab, 50% is non-refundable once order is placed.

Total Purchase Satisfaction: For thirty (30) days from the date of purchase, if not completely satisfied with your glasses, you may exchange them with another pair of equal or lesser value. If new lenses are required, a regrinding fee will be charged. The regrinding fee is 20% of the total lens price (usual and customary prices including lens options). The Total Purchase Satisfaction is limited to one exchange only. We do not cover lost or stolen glasses.

Breakage Protection: All glasses purchases are covered with a twelve-month warranty from the purchase date. If your glasses, under normal use, get damaged, you will be charged a fee of 30% of the current retail price of the item that needs to be replaced. If identical frames are not available, replacement of equal value may be selected.

Lifetime Product Service: All cleaning and adjustments for the life of your glasses are FREE. Capital Vision Center certifies that the lenses supplied equal or surpass all applicable standards, regulations and requirements of the US Food and Drug Administration for impact-resistance.

Warranty

Frame Warranty: All frames purchased come with a **one year** manufacturer warranty. This would include frame breakage at solder joint or spring hinge. All frame manufactures DO NOT warranty against abuse or accidents such as sitting or laying on the frame, dog bites, falling, etc. Loss is also not covered by warranty.

Lens Warranty: Basic lenses are not covered by any warranty. If you purchase the scratch protection or Anti-Glare Reduction lenses, your lenses will be replaced **two times within two years** from date of purchase. This warranty does not cover abuse, loss, or accidental damage. The warranty benefit only covers normal wear/tear usage such as hair line scratches or break down of lens treatments.

Contact Lenses: If a box of contact lenses purchased with us is defective from the manufacturer, we will replace the single box free of charge.

Eyeglass and Contact Lens Return/Exchange Policy

- Professional service fees, such as exam fees, contact lens fitting fees, or ocular procedures, represent payments for services that were rendered (even if not successful) and are not refundable under any circumstances.
- Eyeglass lenses are custom made devices and are not refundable due to the custom made and personalized nature of the product. See the section below on Doctor's Rx changes for more information. Frames may be exchanged within 30 days if in perfect condition for a frame of equal or lesser value. If exchanged for a higher priced product, patient will pay the difference before the exchange can occur. If new lenses are required for the new frame shape, a lab service charge will apply equal to 20% of the lens cost.
- Contact lenses may only be exchanged if the original packaging is not opened or damaged. Product can be exchanged for equal or lesser value. If exchanged for a higher priced product, patient will pay the difference before the exchange can occur. Speciality contact lenses are not refundable due to the custom made and personalized nature of the product
- Merchandise, supplements, and other eyecare products are not returnable if opened or damaged.
- Low vision aids must have the original packaging and will be assessed a 20% restocking fee.

Eyeglass Rx Changes

• **For prescriptions by doctors at Capital Vision Center:** An office visit to recheck the prescription will be provided and new lenses will be made at no charge within 60 days of dispensing. Recheck visits after 60 days will be charged the usual fee for a brief exam. If new/changing medical findings are determined to be the cause of the Rx change, a medical visit of the appropriate level will be assessed along with the refraction and a medical diagnosis/treatment plan will be documented and explained to the patient.

• **For prescriptions written by other doctors:** Eyeglass lenses will be remade one time at no charge if the prescribing doctor provides a new prescription in writing within 60 days of dispensing. Rx changes after one free remake or after 60 days will be charged the usual lens price. We will never change another doctors Rx.

If a Capital Vision Center prescription is filled elsewhere, and an Rx change is needed, we will not be responsible for any charges incurred. Most reputable optical dispensaries allow one doctor Rx change at no charge, but it is up to the patient to inquire about such policies in advance of purchase. See eyeglass prescription policies for more details.

Prescription Release Policy Eyeglasses Warning

You have the right to your prescription and as a patient at Capital Vision Center, you will always be provided with a copy. We hope that you want to buy your eyeglasses from our office and we believe we offer the best value available when you consider service, quality, and price. If you decide to shop elsewhere for glasses, we certainly understand and we will be pleased to provide your examinations and medical eyecare. The profession of optometry has its roots in providing comprehensive care from the exam through careful fitting of eye wear. And while we pride ourselves in having very fair costs for high quality lenses/frames relative to other suppliers, cost is only one of the many factors you should consider. The measurements and fit of your eyeglasses also needs to be accurate and suitable in order to achieve good comfort and vision. There are many choices of eyewear shapes and lens options, all of which require careful professional advice. Determination of eyeglass parameters is the role of a professionally trained optician and includes, but is not limited to the following.

Lenses

Lens Material and index, Base Curve, Proper vertex distance, Optical center alignment, Appropriate tint color, Exact height measurement, Proper multifocal design and brand according to your custom Rx, Proper segment height, Appropriate antireflective coatings & scratch warranty benefits

Frames

Proper shape for face structure, Proper shape for lens requirements, Proper horizontal and vertical size, Proper temple length, Choice of frame materials, Proper eye size, bridge size, temple length, Adjustment to face including optimal vertex distance and pantoscopic tilt, Minor repairs, Ongoing adjustments

Be aware of the potential for many harmful problems if one or more of these determinations are done improperly.

We provide only the following two services for eyeglasses purchased outside our office for a fee.

PD or pupillary distance: a measurement of the distance between your eyes taken with a calibrated pupilometer, **not a ruler or uncalibrated personal digital device.** Per NH State Law 327-A:2-a this will be given to patients who request it for a fee and is valid for 24 months. This is INCLUDED with eyeglasses purchased in our office free of charge, when requested.

Prescription Verification: For glasses purchased with us, we will verify the basic lens parameters in new glasses to see if it matches your prescription. We will also recheck the refraction test to confirm the prescription is correct if necessary. Doctor Rx check will be done at no charge within 60 days of a new eyeglass prescription, however, we can not perform a doctors Rx check without an eyeglass verification completed by the optical department. Patient must meet with optical before scheduling a doctors Rx check. If a patients medical condition, such as cataracts or dry eye, is deemed to be the cause of the patient complaints, an office visit of the appropriate level will be assessed and referrals will be sent to external providers as needed. We will not troubleshoot optical measurements taken by yourself, personal electronic devices, online stores, or other opticals without a verification fee. Visual problems may result if a correct prescription is made with inaccurate optical measurements. Rx checks done outside the 60 day window will be assessed the appropriate refraction fee, verification fee, and/or office visit fee.

The following services or measurements are not available by us if you purchase eyeglasses online or elsewhere. These should be provided by the company selling the glasses. Correction or changes in the glasses will be up to you and the eyeglass seller.

Measurements:

Segment Height, Binocular PD, Monocular PD for multifocal wearers, Multifocal Design (very important!), Vertical optical center, Eye size, bridge size, & temple length, Frame model & color, Lens material and index, Tints, Coatings, Warranty Information

Services:

Eyeglass dispensing adjustments, Education and training on lens and frame features/care, Unlimited ongoing glasses adjustments, Eyeglass Repairs

We recognize that there are many choices where you can obtain vision care and eyewear, but we also know that purchasing your eyewear from us is ultimately the best choice for quality, comfort, and excellent vision. If a problem arises with your new eyeglasses, you will have our total attention to resolve any issue promptly. Therein lies the best value when purchasing your new eye wear.

Progressive Addition Lens Non-Adapt Policy

- All progressive addition lenses (also called PAL or no-line multifocals) have a slight optical distortion in the outer portions of the lens by design, which can make some objects appear bowed, curved, or can cause a feeling of motion when the head is turned. The reading zone of progressive lenses is wide enough for most purposes, but it may be narrower than other bifocal styles.
- While most people are not bothered by these characteristics, some will find it unacceptable even after a one to two week adaptation period. If you cannot adapt to progressive addition lenses, we will make new lenses in any other design that you wish, within 30 days of dispensing, at no charge. Since the original lenses were a custom prescription item, there are no refunds of the difference in cost if the remade pair is of lesser value.
- If a patient originally chooses a design of lens that is of lower value and later decides to upgrade to a higher value, the patient will have to pay for new lenses and any additional lab charges that may occur.

Policy for Making New Lenses for a Patient's Own Frame

- We always recommend using a new frame for all glasses orders to maximize the amount of time a frame will last and allowing manufacturers warranty.
- We will use the utmost care if we accept a patient's own frame, but in a small percentage of cases the frame parts or material will be worn or brittle to the point that it will not support a new lens.
- We cannot be responsible for breakage when we re-use a patient's own frame to fabricate and insert new lenses. Older frames can be brittle or worn to a point that the frame will not support a new lens. We can not always tell if a frame is at its breaking point.
- We may refuse to use a patient's own frame if our opticians have evidence that it will break upon insertion of new lenses or soon after insertion of new lenses.
- Older frames are usually discontinued by the manufacturer and replacement parts are generally not available. Putting new lenses into an old frame may create a pair of glasses that cannot be repaired later. There is no manufacturer's warranty on a patient's own frame as it was not purchased new from the manufacturer.
- If a patient's frame breaks during lab handling, the purchase of a new frame is the patient's expense. We will have to discard the first pair of lenses made for the original frame, but no additional lab charge will be assessed for new lenses.
- A fee will be assessed for a patient to use their own frame. The fee covers the expertise to remove old lenses, machine use to trace the frame, machine use to cut the new custom lenses (edging of lenses), insert new lenses, and shipping charges when applicable. The fee also allows for free adjustments and minor repairs for the lifetime of the glasses.

Purchase of Discontinued Frames:

- Frames marked as discontinued are no longer being made by the manufacturer and we are unable to warranty, order replacement parts, or return the product. These frames are not "used," they are new frames, but simply do not carry any of the benefits that active frames carry. Listed below are guidelines for patients purchasing a discontinued frame.
- Discontinued frames are sold "as is" and we can not order different sizes, colors, or parts
- Discontinued frames are a final sale and no warranties, exchanges, or returns are allowed.
- Discontinued frames are already discounted and insurance discounts and/or coupons are not allowed towards these frames
- Discounted frames can not be billed to any insurance
- Insurance can be billed for new lenses that will be put into discontinued frames
- In the event that a discontinued frame breaks in the future with use, we will do our best to try fix it, but no parts will be available to order. We may be able to send out for soldering, install non-matching parts, or attempt to install your lenses in a similar frame, but any fees for this would not be included in the frame purchase.

Patient Prescriptions

- Eye exams are required for all glasses and contact lens prescription renewals in accordance with state law and doctor recommendations
- Office visits are required for all prescription medication refills in accordance with state law and doctor recommendations
- Eyeglass and Contact Lens Prescriptions (if applicable) will be given to the patient at the completion of the prescription process per FTC rules. Sometimes it may take multiple visits to ensure proper Rx for a patient because of various factors. There are times where glasses and contact lenses will not correct the patients vision to 20/20 because of various factors. Documentation of best corrected visual acuity will be recorded in the patients chart when a prescription is finalized. Purchasing glasses and/or contact lenses will not allow patient to see better than the recorded best corrected vision.
- The expiration date of all medical, glasses, and contact lens prescriptions is up to doctor discretion and professional assessment.

Billing and Coding

- Examinations will be documented, billed, and coded based on findings by the doctor following the Current Procedural Terminology (CPT®) guidelines.
- Certain examinations/services/testing may be allowed by one plan but not by another. We will use our best judgement to maximize patient benefits and minimize patient out of pocket expenses for services rendered.
- The patient is responsible for any copays, deductibles, co-insurances, or non covered services following the rules based on their specific plans.
- Certain conditions such as Diabetic Eye Exams, Cataract Evaluations, Dry Eye Exams, Red Eye Exams, and/or other medical exams are not covered by vision benefit plans. Conditions like these must be submitted to medical insurance as primary and vision benefit plan as secondary per current insurance rulebooks and our medical office policies. Submitting these types of exams to vision benefit plans as primary will result in a complete denial of services and the patient will be responsible for the charges.
- Services rendered by our practice and our doctors will always follow the national requirements and regulations of medicine.
- The patient always has the right to decline any recommended procedure, test, service, or examination. If declined, it will be documented in the patient record.

Disciplinary Action Information

- We will share information if state or federal laws requires it and in accordance to the HIPAA privacy policies. Please see privacy policy for complete information sharing details.
- The doctors and staff work under the business entity of Capital Vision Center PC. Legal action may not be taken against one specific person, unless required by law, and any claims must be made in a compliant manner and in accordance with the law and must be made to Capital Vision Center PC.
- Any complaints must be written and can be submitted directly to Capital Vision Center PC by certified US mail.
- We will reply to legitimate complaints, claims, court orders, subpoenas, or other administrative orders within 30 days and will fully comply with the law
- Escalated complaints will follow the procedure "Part He-P 6003.01 a-e" procedure under NH Law.

Nondiscrimination Statement

Appendix A to Part 92: Notice Informing Individuals About Nondiscrimination and Accessibility

Requirements and Nondiscrimination Statement: Discrimination is Against the Law: If you need these services, contact The office manager

Capital Vision Center PC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Capital Vision Center PC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Capital Vision Center PC: Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
- Qualified interpreters or electronic interpretative services
- Information written in other languages

If you believe that Capital Vision Center PC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The office manager, 153 Manchester St. Concord NH, 03301, 603-226-0855, Fax: 603-226-0981. You can file a grievance in person or by mail

or fax. If you need help filing a grievance, we are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Appendix B to Part 92: Informing Individuals With Limited English Proficiency of Language Assistance Services

If you speak any language other than english, language assistance services, free of charge, are available to you.

Financial Policies

This is an agreement between the doctors of Capital Vision Center PC, and the Patient/Debtor named on the form. In this agreement the words "you," "your," and "yours" mean the Patient/Debtor. The word "account" means the account that has been established which charges are made and payments credited. The words "we," "us," and "our" refer to the doctors of Capital Vision Center PC. The word "insurance" refers to both medical insurance and vision benefit plans. We request both medical and vision plan information to maximize patient benefits and minimize patient out of pocket expenses. By executing this agreement, you are agreeing to pay for all goods/services that are rendered.

Monthly Statement: If you have a balance on your account, we will send you a monthly statement. It will show separately the previous balance, any new charges to the account, the finance charge, if any, and any payments or credits applied to your account during the month.

Payment options if you have no insurance:

1. You may choose to pay by cash, check, or credit card on the day that services are rendered.
2. Regarding orders for glasses, contact lenses, and supplies: Full payment required before an order can be placed.

Payment options if you have insurance:

1. You may be required to pay your deductible and any out-of-pocket portions at the time services are rendered by cash, check, or credit card.
2. Any co-payments, co-insurance, or fees required by an insurance company must be paid at the time of service.
3. You may choose to pay all of your treatment by cash, check, or credit card. We will request your insurance carrier to send their payment directly to you.
4. Regarding orders for glasses, contact lenses, and supplies: Full payment required before an order can be placed.

Custom Order: In the event that you cancel an order for custom made items (which would include all glasses and/or specialty contact lenses), if the job has already been started by the lab, you will be responsible for **50%** of the order. This means that 50% of your out of pocket expenses is considered a non-refundable deposit and 50% will be returned in the event of cancellation. All sales considered final and processed once received by the lab.

Financing: Interest free financing may be available for the purchase of any order over \$200. Can be used for any services, materials, supplies, or procedures where the combined amount is at or above the threshold.

Fees: Services rendered and in-office procedure fees are non-refundable and must be paid for at time of service. Fees for non covered contact lens services and non covered testing must also be paid for at time of service. Fees are due whether the services or procedures were successful or unsuccessful.

Contact Lens Services: If the patient wears contact lenses, there are additional fees associated with the contacts. Sometimes the doctor may change the brand of contact because either the Rx has changed, the contact brand has previously has been discontinued, or the lens may not be fitting properly on the eye any more. Contact lens fees are usually not covered by insurance and I will be responsible for the fees at the time of my appointment. A written contact lens prescription will be given at the completion of fitting process in compliance with FTC regulations.

Payments: Unless other arrangements are approved by us in writing, the balance on your statement is due and payable when the statement is issued, and is past due if not paid within **30 days** of the statement.

Refunds: Refunds will be given in the same form as the original payment. If the original cash payment was over \$20.00, the refund will be given in the form of a check. All refunds will be processed and mailed within 30 days.

Contracted Insurance: If we are contracted with your insurance company, we must follow our contract and their requirements. Co-pay must be paid at the time of service. The insurance company that makes the final determination of your eligibility. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a denial from the insurance company. Patients with HMO insurance plans assume the responsibility of contacting their primary care provider to obtain a referral to ensure proper coverage. It is ultimately up to the patient to present any and all information before services are rendered and/or materials are purchased. The patient takes sole responsibility for knowing what their specific benefits are.

Non-Contracted Insurance: Insurance is a contract between you and your insurance company. We are **not** a party to this contract, in most cases. We may help bill your primary insurance company as a courtesy to you but it is your responsibility to self submit. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility. You agree to pay any portion of the charges not covered by insurance. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain the referral and/or preauthorization may result in a lower reimbursement from the insurance company. We will not be responsible for reimbursement of a lower insurance payment in this circumstance.

No Surprises Act: We are compliant with the "No Surprises Act" and every non-insured patient who qualifies has the right to request a "good faith estimate" of possible charges

Returned checks: The patient agrees that checks returned unpaid will be charged with all fees and expenses allowable according to state laws. Currently, the fee for any checks returned by the bank is **\$30.00**.

HSA/FSA: Health savings accounts and flexible savings accounts can be used for any purchase of materials, services, or fees related to your visit at our office. Detailed receipts will be given to the patient for documentation and multiple copies are available upon request. Due to the complexity of the regulations behind HSA/FSA accounts, any payment made with these accounts are considered final. You may also pay for your services privately and submit receipts to these plans.

Missed appointment fee: We request that patients give at least **24 hours notice** for canceling or rescheduling an appointment. Those who fail to do so twice within a **6 month** period will be asked to pay a **Missed Appointment Fee of \$75.00** for their exam or visit upon scheduling for the 3rd time. This fee must be paid before a new appointment is scheduled and will be credited towards their exam or materials at the time of service. The Missed Appointment Fee **cannot** be used on materials (including but not limited to contact lenses or glasses) in lieu of an exam or visit and is non-transferable. Any overage will either be applied to other services, outstanding balances, materials, or refunded back to the patient in the original form of payment within 30 days. If the patient is not seen within 30 days of paying the fee, it will **not** be refunded and cannot be applied to any future balances on services or materials. Due to the popularity and limited availability of Saturday appointments, any missed Saturday appointments or failure to reschedule without giving 24 hours notice, these fees will be added after 1 missed visit.

After-Hours Visit Fee: We are available for any after hours ocular emergency visits for our established patients. An after hours visit code will be submitted to any insurance plan used when applicable. If the patient does not have applicable insurance, or the insurance plan denies the code, the patient will be responsible for the fee. We ask that all patients reserve this service for true ocular emergencies. If life threatening emergency, please dial 911.

Multiple Vision Benefit Plans: We will not coordinate benefits for materials (glasses or contact lenses). If you have multiple benefit plans that cover materials, we will utilize one plan in-office and you will be given detailed receipts to self submit any remainder to your subsequent plans for reimbursement directly by the plan.

Late Fee: A late fee of **\$20.00** will be added to your balance each month (**30 days**) the account is past due, for a maximum of three times (90 days) before an outstanding balance is sent to collections.

Order Limits: All prescription orders must have a valid prescription signed by a doctor. There is no limit to the amount of prescription or non prescription glasses one patient can order. Contact lenses are elective class II medical devices. There is a limit of 1 year supply of contact lenses, per patient, as contact lenses require evaluation and assessment on the patients eye by a qualified professional once per year. Expired Glasses and Contact Lens prescriptions will not be refilled without proper examination.

Past due accounts: If your account becomes past due, we will take necessary steps to collect this debt. If we have to refer your account to a collection agency, you agree to pay all of the collection costs which are incurred. If we have to refer collection of the balance to a lawyer, you agree to pay all lawyer's fees which we incur plus all court costs. In case of suit, you agree the venue shall be Merrimack County, New Hampshire. You agree to multiple methods of contact about past due balances including but not limited to calls, mail, text, and/or email.

Collections fee: A fee of **\$12.25** will be added to the patients account after three notifications of unpaid balance. The patient's account will be set inactive and the word "collections" will be added to the patients chart until the balance is paid. This fee must be paid, along with the entire overdue balance, before the patient is able to be scheduled for a visit with the doctor or purchase new materials. Collections agencies may also contact you about overdue balances until the balance is paid.

Waiver of confidentiality: You understand if this account is submitted to an attorney or collection agency, if we have to litigate in court, or if your past due status is reported to a credit reporting agency, the fact that you received treatment at our office may become a matter of public record.

Divorce: In case of divorce or separation, the party responsible for the account prior to the divorce or separation remains responsible for the account. After a divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those subsequent charges. If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.

Transfer of Records: You need to request in writing to have copies of records sent to another organization. No fees will be applied for this service. We will only transfer records in a HIPAA compliant manner. You may also request your patient portal at any time to access your recent exam records electronically.

Personal Injury: If you are being treated as part of a personal injury lawsuit or claim, we request payment in full at the time of service. We **cannot** bill your attorney for charges incurred due to a personal injury case.

Worker's Compensation: We require written approval/authorization by your employer and/or worker's compensation carrier prior to your initial visit. If your claim is denied, you will be responsible for payment in full. If no written approval/authorization is received prior to your initial visit, you will be asked to pay in full at the time of service. We will still bill your worker's compensation carrier as a courtesy to you, and if paid, patient will be reimbursed.

Effective Date: By signing this policy, you agree to all of the terms and conditions herein and the agreement will be in full force and effect unless revoked in writing. If revoked, Capital Vision Center will no longer provide products or services to the patient and any outstanding balances will be due immediately.

I authorize the release of any information necessary to process insurance claims.

I am aware of and agree to the policies of Capital Vision Center PC.

First Name

Last Name

Date of Birth

____/____/____

Signature

Today's Date:

____/____/____