

OFFICE POLICIES

1. **Payment at time of Service:**

You are responsible for any co pays, co insurance, deductible and other non-covered services or materials the day services are rendered. If you are a self pay patient and/or your insurance cannot be verified prior to your appointment, you will be required to pay in full the day services are rendered. We accept cash, personal checks, mastercard, visa, discover, and american express. If you are being seen for an ongoing medical problem, co pays are due at each visit.

2. **Claims filing:**

As a courtesy to our patients, we will file claims with your insurance company. We will do our best to accurately verify benefits for services and/or materials, however, benefits quoted by your insurance carrier **are not a guarantee of payment**. Should your insurance deny a claim for any reason you will be responsible for any remaining balances as directed by your insurance. When required by your insurance company, you are directly responsible for obtaining a referral from your Primary Care Physician.

3. **Cancellation policy:**

We request 24 hours notice to cancel or reschedule an appointment. We understand that emergencies do come up. Please call our office as soon as possible if you cannot keep your appointment so that other patients in need of care can be seen.

4. **Returns and Refunds:**

We want you to be completely happy with your eyewear purchase! If there are any problems please let us know within 30 days of picking them up. Most patients are very happy with the high quality progressive lenses we provide; however some patients do still occasionally have adaptation problems. We will be more than happy to remake your lenses into single vision or bifocal lenses at no additional charge; however no refund will be given for the cost difference of the progressive lenses.

Should you the patient request a refund and you refuse further investigation by the Doctor and/or Optician to rectify the issue or you cancel an eyeglass order that is already in production, the refund will be based upon the sellable condition of the frame plus the lens retail price minus any lab fees within 30 days of original order.

5. **After Hours on Call Service:**

We do provide after hours telephone triage advice given by one of our doctors. This is for medical eye emergencies only. Please call during normal business hours for things such as prescription refills, contact lens orders, and routine appointments.

The number is **1-866-268-1382** to reach the on call service who will then contact our doctor on call. If you have not received a response within 30 minutes please call back.

6. **Patient Billing and Collections:**

Patients that receive a statement from our office are expected to remit full payment upon receipt unless previous arrangements were made with our billing office. Patients in collections must make payment arrangements prior to scheduling another appointment with our office. **If you receive a billing statement that you do not understand, please contact Nancy in collections at 207-324-8888 ext.5577.**

I authorize Associated Eyecare to act as my agent in applying for insurance and/or Medicare benefits, and I authorize payment of these benefits directly to Associated Eyecare on my behalf. I authorize any holder of medical information about me to release information needed to determine benefits payable for related services. If I have additional insurance, my signature authorizes release of the above medical information to any insurer or agency I have given, and authorizes my doctor to act as my agent above.

With my signature below I confirm that I have been informed of and agree with the above outlined policies and insurance authorization. Unless revoked by me in writing, this authorization is effective for my lifetime.

(Patient Signature)

(Date)