Established Patient Today's Date: _____

Information Changes:

Full Legal Name:_____

Address:_____ City_____ Zip Code_____

Phone: _____Email:_____

New Medications**:**_____ **Allergies** to Medications**:**_____

New Medical Diagnosis since last visit_____Medical **Doctor**_____**Last Visit**_____

Reason for this visit: (Check all that apply) Glasses___ Contacts____ Problem (please specify)_____

I authorize the office to release my personal history information (including the picking up of prescriptions, ability to ask medical questions, **insurance questions**, etc.) only to the person listed below.

*This information **may be** released to**:** Name/relationship_____ (Spouse), (Friend), (Parent), (No One), Other

Exams:

My exam's billing will be determined by reason for visit and ultimately diagnosis. I understand that vision insurance (i.e. Superior, Optum Health, etc.) covers only routine/preventative eye examinations for the purposes of vision correction. Medical concerns such as diabetes, cataracts, glaucoma, eye pain, redness, "spots in vision", dry eye, among other problem focused complaints are not addressed during a routine/preventative examination and any visit for those complaints will be considered a medical visit and will be billed through my medical insurance provider. Sign below to acknowledge that you were provided with a copy of your contact lens prescription.

Dilation

Dilation **is recommended**. Dilation allows the doctor to view the complete health of the eye. I fully understand the reasons and need for a retinal exam and accept full liability for any consequences of not having this procedure performed.

Retinal Screening Photos

Retinal Screening photos provide a baseline analysis of the external and internal portions of your eye to allow us to monitor yearly changes in your eye health. Retinal screening photos are $35.

Payments

I authorize that all insurance payments, if any, be made payable to the provider of service. I understand that I am responsible for all charges (co-pays, coinsurances, deductibles, etc.) whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. All charges are due and payable at the time of services unless otherwise specified. I authorize the use of this signature of all insurance submissions. If my insurance is unable to be authorized prior to my appointment, Austin Vision Care will be unable to file my insurance for me. I can obtain a receipt so I can file my insurance for myself. We do not refund professional feels. Most medical insurances do not cover refraction. There is a $40 charge for the refraction at time of service.

Cancellation and/or No Show Policy for Appointments:

We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. **If an appointment is not cancelled at least 24 hours in advance or if you miss your appointment you will be charged a fifty dollar ($50) fee; this will not be covered by your insurance company.** If you bring a doctor's note/excuse form, we will waive this fee. Without the note or excuse form, we cannot waive this fee.

Scheduled Appointments:

We understand that delays can happen however we must try to keep the other patients and doctors on time. If a patient is 15 minutes past their scheduled time we will have to reschedule the appointment and charge the no show fee.

Account balances:

We will require that patients with self pay balances do pay their account balances to zero (0) prior to receiving further services by our practice. Patients who have questions about their bills or who would like to discuss a payment plan option may call and ask to speak to a business office representative with whom they can review their account and concerns. Patients with balances over $100 must make payment arrangements prior to future appointments being made.

Signature_____Date_____

***(This lifetime signature on file authorizes acknowledgement of this policy.)**

Dr. Laura A Austin
571 W Martin Luther King Blvd, Fayetteville AR 72701
Ph 479-527-0100 Fax 479-527-0102 Email staff@austinvisioncare.com

Frame Warranty

All frames purchased from AVC have a warranty against **manufacturing** defects. This does not include damage from neglect or abuse. We will replace the frame free of charge **one** time within a 12 month period from date of purchase. Defective product **MUST** be returned to AVC prior to dispensing the new frame or you will be responsible for the usual and customary fee.

Lens Warranty

All lenses carry a one year scratch, breakage, or defect warranty from the exam date. We will replace each lens one time at no charge during this period. Defective product **MUST** be returned to AVC prior to dispensing the new lenses or you will be responsible for the usual and customary fee of the lenses.

Policy for Re-Using Your Own Frame

We are happy to make new prescription lenses for your own frame as long as the frame is in good condition and fits your face properly. We pledge to use the utmost care in handling, however, in a small percentage of cases, the frame material may have become worn or brittle to the point that it is no longer able to support a new pair of lenses. Please be aware that older frame styles are often discontinued by the manufacturer and replacement parts are usually not available. This presents a problem if the frame breaks and is unable to be repaired. If your frame breaks during our lens insertion process, we will make new lenses for a comparable frame style you choose. The cost of the replacement frame, less 25%, will be at your expense.

Canceling or Changing an Eyewear Order

Production of most lens orders begins within 24 hours. If you wish to cancel or change an order you may do so within 24 hours of placing the order. Please call the office to change the order. If the cancellation or change is made within the 24 hour processing period, we will refund the full amount of the order. If the request to cancel or change is made after the 24 hour period, we will stop the order at its current status and refund you 50%. We are unable to issue a full refund once the order has been started, as each lens is specifically designed to your prescription in the material of your choice and cannot be reused.

Progressive Lens Non-Adapt Policy

Progressive lenses are highly customized to your prescription and visual needs and cannot be reused. However, we understand that not everyone is able to adapt to progressive lenses. If a patient has worn the progressive lenses for at least 7days, and cannot adapt, we will exchange the progressive lenses for another modality lens type. This offer can be used once within 45 days of purchase. Any additional changes will be charged at 50% of usual and customary fees.

Doctor's Prescription Change Policy

If there is an apparent issue with the prescription, the doctors will gladly see you for a prescription check within forty five (45) days from the date of the original exam. Rechecks beyond 45 days may be subject to usual and customary charges for an office visit. Lenses will be replaced one time at no charge for a prescription that is changed within 45 days from the date of purchase. Subsequent changes will be made at 50% of usual and customary charges.

Transitions Non-Adapt Policy

If you not satisfied with the performance of photochromic (Transitions) lenses, you may exchange them for clear lenses within 45 days of the original order. No refunds. You will be charged 50% of usual and customary fees for any change in Transitions color preference.

Frame Change Policy

We want you to love how you look! If you decide you want to change your frame, you may exchange it for an alternative design within thirty (30) days of the original order. Lenses are cut to fit a specific frame shape so we are unable to reuse your original lenses in a different frame. We can make new lenses at a 40% discount, and you will be responsible for paying the difference on any higher priced frame choice.

Eyewear Orders Not Picked Up after Purchase

We are not able to hold orders over 60 days. This includes, but is not limited to, new orders, and eyewear left for repairs. If after this time you have not called or made arrangements to pick up your order, the order will be discarded. Any insurance benefits used for the order will no longer be available.

Prescriptions

Austin Vision Care, P.A. will revise the eyeglass prescription, at no charge within 30 days of the exam date. Any glasses checks after the 30-day time period will be considered as a regular office visit and the patient will be charged accordingly. Contact lens follow-ups must be done within the 30-day time period. Any contact lens follow-up visit after this period will be considered as a regular office visit and the patient will be charged accordingly. Some insurance companies DO NOT cover contact lens fittings if contact lenses are not purchased in office. Therefore, I agree to pay the fit out of pocket if I decide not to purchase contact lenses from Austin Vision Care.

Contacts

Contact lens orders will be returned after 30 days if not picked up. We will exchange or return unopened contact lens boxes, there is a 15% restocking fee for any returned boxes or orders that were not picked up. Sign below to acknowledge that you were provided with a copy of your contact lens prescription.

Signature_____**Date**_____