



Name: _____

CANCELLATIONS AND NO-SHOW FEES

Lakeside Vision wants to increase access to service. When a patient fails to keep an appointment, or cancels at the last minute, professional time goes unused and other patients fail to get timely service. If you need to miss an appointment, please call us at (509)927-2020 at least **24 hours** before your appointment. Canceling after that time will result in a **late cancellation fee of \$10.00**. If you do not cancel prior to your appointment time, or arrive to your appointment more than 10 minutes late, you will be charged a **no-show fee of \$20.00**. If a patient misses a second appointment without advance notice, this will be cause for dismissal from the practice for the patient and the patient’s family. Failure to keep an initial appointment to establish care is also cause for dismissal from the practice. Please note insurance will not pay for missed appointment fees. _____

Initials

REFRACTION FEE

The part of your evaluation that determines your prescription is called a “refraction”. A refraction is also done under certain circumstances for diagnostic purposes. If you have **routine vision coverage** such as VSP or Eyemed your refraction fee is typically included with your exam and benefits. Medical insurances do not cover refraction. **The fee for a refraction is \$60**. My initials and signature below verifies I understand the refraction fee. _____

Initials

CONTACT LENS FEES

Contact lens evaluation services are not an included part of an eye health evaluation and vision assessment, and additional fees apply. Fees are customized according to the complexity of the case and the predicted time necessary to care for the individual.

Evaluation fees cover fitting, training, sample cleaning solutions, 30 days of follow up care and a pair of initial disposable trials. Specialty lenses and office visits outside the initial one month period are not included and additional fees may apply. **Fitting fees are not refundable**, even if after trying them; you decide not to order boxes. **Fees for contact lens evaluation services may range from \$75-\$200 and can only be firmly quoted after a baseline vision status is determined. As with glasses, contact lens materials are an additional fee.** If allowed, insurance benefits may be applied to contact lens overages. My initials and signature below verifies I understand the contact lens fees. _____

Initials

FINANCIAL DISCLAIMERS

We will attempt to verify your plan eligibility for services and/or materials before your appointment. Verification eligibility is done as a courtesy only and **is not a guarantee of payment**. Please check with your plan administrator if you have any questions regarding your eligibility. We do not know the final amount you owe until we have been reimbursed by your insurance company. You may be billed the difference between our estimate and what your insurance company covers.

LIABILITY

If I have medical insurance or routine vision benefits, I authorize my plan carrier to directly pay Lakeside Vision, PLLC. I also authorize Lakeside Vision, PLLC to release any information required for payment to be made. **If my plan carrier does not pay, or partially pays, I understand I am responsible for the payment in full of the remaining balance.** There is a \$20 fee for returned checks. My signature below verifies that I understand this agreement and the above financial disclaimers.

EYEWARE ORDERS

Lakeside Vision, PLLC uses a system that enables us to begin processing your order before you even leave the office. While this expedites the order and decreases the number of days until you receive your order, it limits our ability to change or cancel your order once it is placed. Prescription lenses are “custom made” and we begin incurring charges as soon as the order enters the system. **All eyewear is non-refundable.** All frames purchased at our office carry a one-year warranty for manufacture defect, but no warranty for abuse. **If you choose to use your own frame in your eyewear order, we will give you a professional opinion of its condition. However, we accept no responsibility for loss, breakage, or warranty for materials supplied by you.**

SIGNATURE FOR PATIENT IF OVER 18 OR PARENT OF PATIENT

Date