

## **Notice of financial policy and privacy agreement**

Vision plans, such as VSP or Eyemed provide discounts for wellness exams, prescriptions for eyeglasses and contact lens services.

During the course of your exam, the doctor may encounter symptoms or diagnose a medical condition that falls outside of what is considered routine vision care. This can also be based upon information you provide to us, or pre-existing diagnoses and medical conditions. Common examples are *allergies, dry eye, headache, cataracts, glaucoma, and diabetes among others.*

In these cases ***we will bill your major medical insurance***, and you are responsible for any applicable copays or deductibles. If you have both types of insurance, we can coordinate your benefits to minimize your out of pocket expense. If you do not have vision or major medical insurance, payment is expected **in full at the time of service**. We do accept partial payments on eyeglass orders.

Please note we have a 24 hour cancellation policy. If you do not cancel within 24 hours of your appointment, there is a *\$30 non-refundable cancelation fee.*

***By signing below, you are acknowledging receipt of our privacy policy our financial policy, and our cancellation policy.*** You are also giving Perimeter West Eye Care authorization to release your medical information as necessary to expedite insurance claims, or share appropriate information with your other medical providers as requested.

**Signature:** \_\_\_\_\_

**Print Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_