VIRGINIA EYE CLINIC, PLLC
Dr. Timothy J. Wilson & Associates, Optometrists

The Virginia Eye Clinic, PLLC has established several key policies to keep our services running with the greatest efficiency. Please carefully read the information listed below.

Payment Policy:
All payment is expected at time of service. Payment is required at the time services are rendered. This includes applicable co-payments for participating insurance companies. The Virginia Eye Clinic accepts cash, Visa, Discover, and MasterCard. **We do not accept checks.**

Contact and Glasses Prescriptions:
Each patient will receive one copy of their prescriptions and will be charged a $5.00 processing fee for any additional copies.

Fees: There will be a search and handling fee of $20.00 and .50 per page for the release of medical records
*Any records over 51 pages will be an additional .25 per page.
*Shipping and Postage fees may apply
There is a fee of $5.00 to process outside medical records.
There is a $25 fee for specially requested forms and customized letters (DMV form, worker comp letter, etc.)

Cancellation Policy: Missed appointments represent a cost to us, to you and other patients who could have been seen in the time set aside for you. If you are unable to keep your appointment, please give a 48-hour notice to avoid a $70.00 charge. If you do not show for a contact lens follow up, it will result in a $45.00 charge. If you do not show for a scheduled office visit that includes diagnostic testing, it will result in a $150.00 charge. We reserve the right to charge for missed or untimely canceled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.

Contact Lens Fitting Policy: Contact lenses are a medical device. In order to ensure your ocular health is properly maintained it is required that you own or obtain an adequate pair of backup glasses if your vision without glasses or contact lenses is 20/40 or worse. Your glasses must correct you to a vision of 20/40 or better to be considered sufficient. You must present backup glasses prior to your contact lens prescription being available for order or release. Contact lens fitting fees billed are non-refundable, whether your prescription is or is not finalized.

Contacts Lens Purchasing Policy: All contacts lens prescriptions need to be finalized within 45 days of the initial visit. It will be your responsibility to pick up trial (if needed) and to schedule, any follow-up appointments (if needed). All colored contact fittings are an additional $35 in conjunction with a full exam and fitting. Two follow up visits are covered within the fitting fee (within 45 days). Any additional visits past the two follow-ups will result in a $45 charge. **EYEMED PATIENTS: Only 2 follow up visits are covered within the fitting fee. If the follow up is after the 30 days there is a $45.00 charge to see the doctor, to finalize the prescription. Once the contact lens prescription has been finalized and you have purchased the contacts at our office, **all sales are final.** In the event you choose to be refit in a different brand of contacts (including colors), you may do so within the first 60 days for a $55.00 refitting/office visit fee. If it has been over 90 days, there will be a $35.00 charge for re-checking the refraction in addition to the contact lens fitting/office visit fee. **Contact lens follow-ups are standard/routine follow up pricing. If there is a medical issue/need this will be coded as a medical visit. If any product needs to be sent back, there is a minimum $30.00 restocking fee (depending on the brand.)

Purchasing Eyewear & Lenses: Eyewear is a special order product. Once the order has been placed, **ALL SALES ARE FINAL.** In the event you need to see the Doctor to have a re-refraction, there will be a charge for the Doctor's services. If the Doctor needs to alter your prescription within the first 60 days of originally being seen, we will remake your glasses with the new prescription at no charge (excluding any package deals). If safety eyewear needs to be remade it will be 50% of the original charge - if done within the first 60 days. If you are not satisfied with your glasses- you have 30 days from pickup to make an exchange. There will be a charge for re-edging and restocking. If there a difference in frame price, you will be responsible to pay the difference. Frames must be in a saleable condition upon exchange.

Minors: The Virginia Eye Clinic, PLLC does not allow minors 15 and under to be seen without a parent present throughout the entire exam. The Virginia Eye Clinic, PLLC prefers parents to be present for all minors, however minors 16-18 can be examined without a parent present as long as the consent form is signed and all information is updated, with signatures, etc. Minors must have payment at the time of the exam.

Adjustments/Materials: The Virginia Eye Clinic, PLLC, and its employees will not be held liable for any damage to frames, lenses, parts, and/or accessories that occur during any adjustments, repairs or the process of inserting new lenses that are under warranty at any time. Polycarbonate is considered the most impact resistant lens material. By signing below you are waiving the Virginia Eye Clinic and all staff of any liability due to your decision not to purchase this lens material. If under the age of 18, your guardian/parent must sign.

I have read and agree to comply with the policies set by The Virginia Eye Clinic.

The Virginia Eye Clinic cares about patient history and continuity of care. All patient records are to be kept for at least five years following a patient's last date of service. If legally required, records may be kept longer. The Virginia Eye Clinic cares about patient confidentiality. Records are to be destroyed in a manner that protects patient confidentiality. Records may be shredded or disposed of in another recognized manner which protects confidentiality.

Signature: _____ Print: _____ Date: _____

Updated: 01/2019

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Dr. Timothy J. Wilson & Associates, Optometrists

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Insurance Coverage, Record Release, & Payment Policy

I request that payment of authorized insurance benefits be made on my behalf to Virginia Eye Clinic, Dr. Timothy J.Wilson & Associates Optometrists for any service rendered by the doctor. I authorize any holder of medical information about me to be released to the Health Care Financing Administration, its agents and any information needed to determine these benefits or the benefits payable for related services. I understand my signature requests that payment is made and authorizes the release of medical information necessary to pay the claim. If "other health insurance" is indicated in item 9 of the HCFA-1500 form, or elsewhere on another approved claims forms or electronically submitted claims. My signature authorizes releasing of the information to the insurer or agency shown. If the doctor determines that I need to be referred out for care &/ or surgery, I authorize the release of my information and records & information.

If Virginia Eye Clinic/ Dr. Timothy J.Wilson & Associates Optometrists participates in my insurance, ***I understand that I am responsible for the deductible, coinsurance, and non-covered services.*** Medicare, Medicare replacement plans, Cigna, United Health Care, BCBS, Aetna, PCHP insurances **DO NOT** cover refraction, and I am responsible for these charges. Ask us to provide estimated pricing for non-covered services. I understand that I may be charged for services or items while my claim is being processed by Medicare. If Medicare *does* pay my claim, I will be refunded any payments of which Medicare covered of that in which I paid. If my claim is denied I understand and accept any charges that which were not paid by Medicare. I understand I hold the right to refuse any services not covered by Medicare. I have read and agree to abide by all the policies set by the Virginia Eye Clinic.

I understand I am responsible to know my insurance coverage.

Preference of Contact: I would prefer to be contacted: _____ By Phone Call _____ By Email _____ By Text

Emailing Information:

The Virginia Eye Clinic, PLLC will not release any information via email, due to security risks/threats over the internet. Any records requested will be released by fax or in person.

Notice of Privacy Practices

I acknowledge that I have read and have been offered a copy of the notice of privacy practice from the Virginia Eye Clinic, PLLC. Dr. Timothy J. Wilson & Associates, Optometrists.

Release of Information

Please indicate up to three (3) people you will allow to contact us & receive information on your behalf. These individuals will be eligible to pick up orders, contacts, and prescriptions on your behalf.

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____

Signature: _____ Print: _____ Date: _____

Updated: 01/2019