



North Torrance Optometry Insurance Agreement

Dear patient,

North Torrance Optometry welcomes you to our practice and thanks you in advance for choosing us as your vision health care provider. This insurance agreement was developed to help you understand our office policies with respect to services rendered and insurances. Please take a moment, review the following information and then sign this form.

1. **PROOF OF INSURANCE:** It's the patient's responsibility to provide our office with their most updated insurance information. Although, we participate with a large variety of health plans, including Medicare; it is important that we verify your eligibility prior to seeing the doctor.
2. **AUTHORIZATIONS:** North Torrance optometry will obtain a prior authorization for services; however, prior authorizations are not a guarantee of payment and the patient will be responsible for any remaining balances.
3. **CLAIMS:** North Torrance Optometry will submit your insurance claim and assist you in any way we can to help get your claims paid. Insurance companies may contact the patients directly if additional information is needed; it is your responsibility to respond in a timely manner in order to avoid a denial of your claim.
4. **CO-PAYMENTS AND DEDUCTIBLES:** All co-payments and deductibles must be paid at the time of service. Payment of your co-payments and deductibles is part of your contract agreement with your insurance plan. Our failure to collect payment is a violation of billing compliance.
5. **NON-COVERED SERVICES:** Please be aware that some or perhaps all of the services you receive may not be covered or considered reasonable or necessary by your insurance plan. If you elect to have these services payment will be due on the day of service.
6. **RETURNED CHECKS:** A returned check fee of \$25 will be added to your account for every check returned for insufficient funds, stopped payment or closed accounts. After a check has been returned, only cash, credit card payments will be accepted.

I HAVE READ AND UNDERSTAND THE PAYMENT POLICY AND AGREE TO ABIDE BY ITS GUIDELINE.

Patient's Name: _____

Signature of Patient/Responsible Party: _____

Relationship to Patient: _____ Date _____

NORTH TORRANCE OPTOMETRY

Frame and Lens Redo Policy

FRAMES

If a patient decides to change the frame style after lenses have been made, it must be returned in new condition. The patient will be responsible for a restocking fee of 20% of the original retail price before any insurance coverage or discounts.

If the patient selects a more expensive frame the difference in price will be the patient's responsibility. If the patient selects a less expensive frame, no refund will be given.

Frame exchanges are not allowed after 30 days from the original date of service.

EyeMed insurance doesn't allow frame exchanges under any circumstance.

LENSES

A change in frame style is not considered a valid reason for a REDO of lenses for any insurance. The patient will be responsible for the cost of the new lenses.

A one-time lens redo and refraction will be granted, free of charge, within 90 days of the original date of service.

If a patient chooses to downgrade their lens options (examples can include, but are not limited to changing from progressive to bifocal or single vision or removing antiglare coating or transitions tint) no refunds will be given. However there will be no charge to get the lenses re-done.

Any upgrades to the original lens options must be done within 90 days from the original date of service. The patient must pay the usual and customary fee for the upgrade.

After 3 months, the patient must pay in full for any new lenses.

Date: _____

Initials: _____