ANTIETAM EYE POLICIES

Welcome to Antietam Eye Associates. We are pleased to have you as our patient. We pledge quality eye and optical care. We have a few policies that we would like you to review.

Office Policies

1. Please give 24-hour notice if you cannot make your appointment. If you must reschedule and you do not call us within 24 hours prior to changing your appointment or miss a scheduled appointment, your exam fee will be billed to you at our discretion.
2. Please be aware of your insurance coverage for medical and vision. You are required to present your cards at the time of your appointment. Please let us know in advance if you have a separate vision plan.
3. Refraction fees are $45.00/$65.00 and are **often not** covered by medical insurance and refraction fees are **NOT** covered by Medicare. This is a separate fee that **is your responsibility** and due at the time of the exam. As a curtesy Antietam Eye will submit it to your insurance and reimburse you only if it is covered. Refraction is a service that determines your glasses and/or contact lens prescription and is a component of the comprehensive/routine eye examination that is not often insurance covered. It is also necessary any time the patient requests a change in glasses and or contact lens prescription.
4. Copays and refraction fees are due at the time of service; a $10.00 charge will be added to your account if they are NOT paid at the time of service.
5. Credits will be issued once all insurance benefits have been received and all outstanding balances have been paid.
6. When Telehealth is utilized your insurance company will be billed and you are responsible for any service fees not covered by your insurance's telehealth coverage.

Optical Policies

1. If you need to cancel your glasses or contact lens order once it has been placed, you must do so before the end of the next business day. If you cancel after the next business day, you are subject to 25% restocking fee of your total purchase.

2. Please inform us of vision plans that cover spectacle glasses or contact lenses at the time of order. If you discover you have vision coverage please notify us immediately, as we will only bill it up to one month from the date of the order,

3. We do not cover lost or stolen items.

4. NON-Vision plan Warranties -$10.00 co-pay for each use of this service
   Lens Warranty -
   a. House AR: 1 year, one time warranty
   b. Factory Scratch: 1 year, one time warranty
   c. Crizal: 2 year, one time warranty
   d. TD2: 2 year, 2 time warranty

Frame Warranty-

All non-insurance frames are covered under a manufacturer defect warranty. See an optician for details. The warranty does not include abuse or neglect.

5. Vision Plans offer the option to purchase a warranty for 1 year, 1 time lens and/or frame replacement at a cost of $20.00 for the warranty must be paid at the time of pick-up of original order.

6. Frame Exchange

   If you are unsatisfied with your choice of frame, we offer a onetime courtesy exchange within 30 days of picking up your glasses. If a more expensive frame is chosen the patient will be responsible for the difference. Antietam Eye will not reuse any previously dispensed frame, for this reason no refunds will be issued for this courtesy.

7. Lens Remake
   a. Lenses will be remade at no charge one time after you pick up your glasses. You have 45 days for this service from the date of dispensed. This includes prescription changes, non-adapt or frame changes ONLY.
   b. Non-adapt to a progressive bifocal will be remade to either distance and reading pair or a line bifocal at no charge. There will be no refund for this courtesy.
   c. Any upgrades or additions to the lenses will be added at the usual and customary price.

8. Refund

   A refund or prorated refund, depending on the product's condition will be given up to 45 days from day of dispense, and will require a 25% restocking fee. Fees can increase depending on vision insurance, labs, etc.

Contact Lens Exam Policies

1. All fees include Contact Lens instruction and trial** pair of contacts and a follow up visit (if the visit is solely related to the contact lens fit).
   a. $45; Contact Assessment yearly with only prescription changes
   b. $70; established wearers that need to be refit to a different brand, toric, or multi focal
   c. $120; new sphere soft or RGP
   d. $160; Complex toric/ bi-focal/ mono vision
   e. Specialty for Keratoconus /Scleral fits per patient BASIS

**RGP lenses are ordered on a per patient basis and full payment is required at time of dispense. Any refund for warranty will be issued once Antietam Eye has been issued a credit from the lens manufacturer.

Financial Policy Statement

Our office will gladly file for all reimbursement services to primary, secondary, and tertiary medical and/or vision insurances. **Please be aware that you are responsible for all copays fees at the time of service. As well as deductible (s) and any non-covered service amount (s) determined after your insurance has processed your visit.** Refractions are to be collected at time of service and most medical insurance companies consider this charge as a non-covered service. If you are unable to pay your copayment and/or refraction fee on exam there will be an additional $10.00 fee. As the insured, we expect you to know your coverage, benefits, and responsibilities. While we are here to help, if you have questions regarding your coverage, please contact your employer or your insurance company. Understand that while we file your claim with your insurance company(s), our relationship is with **you** and **not** your insurance carrier. Telehealth services will be billed to your insurance.

It is the patient's/responsible party's responsibility to provide all necessary contact, referral, authorizations, and current, accurate billing information. **Failure to do so will result in charges for services becoming the sole responsibility of the patient/responsible party.** There will be a $25.00 service charged on all returned checks. I understand accounts 90 days or older are subject to a collection fee and other incurred costs, which I agree to pay**.**

Dilating Eye Drops

Often my eye doctor will find it necessary to dilate my pupils during my exam. Dilating drops frequently blur vision for some length of time and may make bright lights bothersome. I understand that due to this, driving may be difficult and have made appropriate arrangements. I hereby authorize my doctor and/or his /her assistant to administer dilating eye drops, since dilation may be necessary to diagnose my ocular medical issues.

Health Questions

I have truthfully answered any questions pertaining to current illness/cold/flu/COVID.

By signing below, I acknowledge that I am aware and agree to all the Antietam Eye polices. These policies are available for my review at any time upon my request or on our website Antietameye.com.

Signature Date