PATIENT'S BILL OF RIGHTS

Our doctors and staff members are dedicated to serving your visual needs with the best of professional advice, care, and service obtainable. If you have any questions during your vision examination today, please feel free to ask.

We are glad you are here, and we want to do our very best for you. We sincerely hope your visit will be a pleasant and rewarding experience. Please be aware of the following general office policies:

1. All payments for services and materials are made at the time they are provided. We accept cash and charge cards. **All professional fees are non- refundable.**
2. Eyeglass prescription policy:
   For prescription written by our doctors: You can fill the prescription at any optical dispensary in the state of Texas. If a lens prescription change is needed after the glasses are made, we will not be responsible for any charges incurred. Most reputable optical dispensaries allow doctor Rx changes at no charge, but it is up to the patient to inquire about such policies in advance of purchase.
3. Contact lens policy:
   With respect to contact lenses, if you want to see how soft contact lenses feel, we would be happy to put the lenses on your eyes after your basic eye examination. However, should you want contact lenses or you leave the office with the contacts, you will incur a fitting fee. The fitting fee will vary according to the type of contact lenses needed. All follow up visits within a 30-day period are included in your initial payment package. However, after the 30 days, patients are charged for an office fee.
4. Insurance filing:
   Due to heavy volume of insurance filing that we do, we must adhere to the following policies:
   We will be glad to file your insurance claim. We cannot however accept the assignment on all insurance claims; if we are not a provider for your insurance we ask for payment from you, you will be reimbursed by your insurance company. If we are a provider for your insurance and for any reason your insurance company fails to reimburse this office, you will be held responsible for any unpaid balances. We will re-file a claim one time only.

Please sign below to indicate that you have read and understand the above policies:

Signed_____ Date_____