



We welcome you as our patient and look forward to providing you with the very best vision care and the highest quality materials available. Please review the following policies.

Please provide us a copy of your **medical insurance** card along with any information about your vision insurance. We ask for this in cases of eye infections or other disorders that can be billed to medical insurance. Please let us know if any of your insurance information has changed. It is the **patient's responsibility** to make In Vision aware of any and all insurance coverage, as well as any changes to address or phone numbers.

Full Payment for services is **due and payable at the time service is rendered**. All doctor fees are nonrefundable.

Any **checks returned for insufficient funds** will result in a \$25.00 fee being charged to the patient, as well as any bank fees.

Glasses Information:

When ordering new glasses, please select your frames carefully for style, comfort, and lifestyle needs. We warrant your frame against **manufacturer's defect** for **one year**. Lenses with a scratch or anti-reflective coating treatment have a **one year warranty**. The warranty on your frame and lenses **does not** cover **abuse, accidental damage, neglect, lost or stolen** eyewear.

If the glasses purchased are not of an acceptable quality, please call for a consultation with either an optician or with a Dr. within **thirty days** of picking up. After thirty days, we will fix what we can, but no refunds may be made. In Vision requires this consultation to ensure everything practiced in laboratory construction was exact, and the prescription does not need to be adjusted. Eyewear returned or cancelled due to frame choice only **will not** be refunded. All **unclaimed glasses and/or contact lenses** will be considered abandoned **after thirty days of notification** of arrival and returned to stock or to the manufacturer. In those instances, you may be refunded **minus a 50% restocking fee** of the gross total.

You may use your own frame when purchasing new lenses. However, Please be aware that In Vision, Dr. Webster, Dr. Andersen and staff, or laboratory **cannot be held responsible** if your frame should break during lens insertion or subsequent adjustments, and cannot provide you with a replacement frame if it is no longer under warranty. In Vision will act in a responsible and careful manner to best ensure that breakage does not occur.

Contact Lens Information:

If you are a contact lens wearer, please see our separate contact lens agreement.

HIPPA:

In Vision is in compliance with the health information privacy and portability act (HIPPA), which is enforced to ensure the security of your personal health information. Copies of In Vision's entire notification of privacy policy are available upon request.

Signing below indicates that you accept the terms of this agreement for the duration of being our patient here at In Vision. If there is ever a change in policy we will make sure that you are aware and ask you sign a new agreement. **Thank you for choosing In Vision. We are glad you chose our practice and look forward to serving all your vision care needs.**

Print Name:

_____ Date: _____

Signature:

_____ Date: _____