

Eye to Eyecare Office Policy

Payment and Financial Policy

- All payments, including co-pays, are due on the day of your visit.
- This includes fees for exams, contact lens evaluations/exams, glasses, and medical services.
- Payments are **non-refundable** and must be paid **in full** at the time of service or purchase.
- **If you have insurance, it's important that you let us know before your appointment.** We can't send a claim to your insurance company if we don't have that information ahead of time. Some charges may be billed to your insurance, but you (the patient) may still be responsible for certain costs.
- By signing below, you agree that you are responsible for paying all charges, even if your insurance doesn't cover them.

Glasses Policy

- **All glasses orders are final and non-refundable.**
- If you're having issues (blurry vision, headaches, discomfort), you can come in for a **free recheck within 60 days** of your exam.
- After 60 days, rechecks cost **\$50**.

Glasses Warranty

- Frames and premium lenses with manufacturer warranties can be replaced **once within 1 year**, if approved.
- A **\$25 handling fee** applies for each replacement.
- Some restrictions apply.

Privacy Policy (HIPAA)

- I understand and have received a copy of the **Notice of Privacy Practices**.
- I can keep a copy for my records.

People who can access my medical records:

1. **Name:** _____ **Relationship:** _____ **Phone:** _____
2. **Name:** _____ **Relationship:** _____ **Phone:** _____

Can we leave detailed messages with them? (Circle one) **Yes / No**

Can we give them prescriptions or contact lenses? (Circle one) **Yes / No**

Acknowledgment:

By signing below, I agree that I have read, understood, and accept the above office and privacy policies.

Patient or Legal Representative Signature: _____

Date: _____

Eye to Eyecare – Appointments & Cancellations Policy

Thank you for choosing Eye to Eyecare. When you book an appointment with us, we reserve that time just for you so we can give you the best care possible

We understand that sometimes plans change. If you need to cancel or reschedule, please let us know as soon as possible.

Our Policy:

- **Cancel at least 24 hours before your appointment.**
This helps us offer that spot to another patient who may be waiting.
 - **If you do not cancel in time and don't show up**, it will count as a **“No-Show”**.
You may be charged a **\$25 No-Show Fee** per missed appointment.
(*Fee may vary at the office's discretion.*)
 - **If you reschedule too many times**, even with notice, we may place you on **“Walk-In Only”** status.
You may still be charged a No-Show fee in these cases.
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How to Contact Us:

You can cancel or reschedule your appointment by:

Calling or texting us: **281-565-3937**

Emailing us: **Contact@EyeToEyecareTX.com**

Acknowledgment:

By signing below, I confirm that I have read, understood, and agree to follow this Appointments and Cancellations Policy.

Patient or Legal Representative Signature: _____

Date: _____

Contact Lens Exam Policy

Please read carefully and complete the form below.

What's Included in Today's Routine Eye Exam:

- Glasses prescription (refraction)
- Full eye health evaluation

Please Note:

- This exam **does NOT include** a contact lens exam or prescription.
- If you want a contact lens exam or prescription, there is an **additional fee due on the day of your visit**.

Contact Lens Exam Fee Details:

- Fee includes follow-up visits (if needed)
- If not covered by vision insurance, **out-of-pocket fee** is typically **\$80 to \$165**.
- All contact lens orders are **final** (no returns or exchanges)
- Follow-up visits or finalizing a contact lens prescription must be done **within 30 days** of your exam. After 30 days, a **\$40 follow-up fee** will apply.

Please note:

- If you choose to have your contact lens evaluation/exam on a different day than your routine eye exam, you have up to **3 months to return**. During this time, you will only be responsible for the standard out-of-pocket fee, which ranges from **\$80 to \$165, if not covered by your insurance**.
 - If you choose to schedule your contact lens exam **after the 3-month period**, we will need to recheck your prescription, which requires an **additional fee of \$50 on top of the regular contact lens exam fee**.
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Please Select One:

- ☐ **Yes**, I understand the contact lens exam is a separate fee from my routine eye exam.
- ☐ **No**, I do not want a contact lens exam.
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Acknowledgment:

By signing below, I confirm that I have read and understand the Contact Lens Exam Policy and agree to the terms, including responsibility for any out-of-pocket costs.

Patient Name (Legal Representative): _____

Signature: _____

Date: _____

Advanced Retinal Screening
Please read and complete the form below.

At Eye to Eyecare, we're committed to providing the most thorough and latest eye care available. We recommend a comprehensive **Advanced Retinal Screening**, which includes high-resolution retinal imaging and OCT (Optical Coherence Tomography), as part of your exam today.

What is the Retina? Think of the **retina** as the “**film**” **inside a camera** – it's the layer of the back of your eye that captures light and sends visual signals to your brain so you can see clearly.

These non-invasive, painless advanced tests allow us to detect early signs of like macular degeneration, glaucoma, diabetic eye disease, and other retinal or nerve issues – even in patients without symptoms or vision complaints.

They are valuable for all patients and provide a more complete view of your eye health beyond what a standard exam can show.

Please choose one:

- ☐ Retinal Imaging/Photo only (\$39)
 - ☐ OCT Scan only (\$40)
 - ☐ I would like to do both (\$65 total)
 - ☐ I do NOT want either of these tests
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Acknowledgment:

By signing below, I understand these tests are optional and not usually covered by some insurance, so I am responsible for the fee(s) listed above.

Print Name: _____

Signature: _____

Date: _____