## BRAESWOOD VISION

## **Financial Policy**

Thank you for choosing Braeswood Vision. Our primary mission is to deliver the best and most comprehensive care available. An important part of the mission is making the cost of optimal care as easy and manageable for our patients as possible.

<u>Payment Options</u>: It is customary to pay for professional services when rendered. We accept the following forms of payments.

- Cash, Check, or Debit. Braeswood Vision charges \$25 for returned checks.
- Credit Card. including Visa, MasterCard, American Express, or Discover
- CareCredit healthcare credit card. CareCredit is the preferred healthcare credit card providing special financing and payment options (subject to approval) for out-of-pocket medical expenses.
  Ask about how the CareCredit healthcare credit card can help you.

<u>Insurance</u>: If you are planning to use any insurance benefits, please let us know before services are rendered.

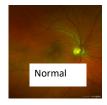
<u>Medical insurance plans</u>: Routine or annual eye examinations include a refraction which is a measurement of the lens power necessary to prescribe eyeglasses or other corrective lenses. Most medical insurance plans do not cover routine eye examinations or refractions and insist that we charge separately for these routine services. However, if you have a medical problem that is covered by your medical insurance, we will provide you with an itemized statement which you can submit to your medical insurance.

<u>Vision insurance plans</u>: If you have a separate plan that covers routine or annual eye examinations, contact lenses, and/or glasses, (i.e., VSP, EyeMed, Superior Vision, Davis Vision) please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan. We will bill your vision plan, however, if we do not receive payment from your insurance carrier within 120 days, you will be responsible for payment of your treatment fees. You will be responsible for any co-payments, deductibles, or non-covered services as determined by your vision insurance company.

MINORS ACOMPANIED BY AN ADULT: The adult accompanying a minor is responsible for payment, unless prior arrangements are made.

**<u>Billing</u>**: Braeswood Vision requires full payment and/or corresponding copays of eye examination, retinal imaging, office visits, contact lens fitting, and/or refractions at the time of service.

Braeswood Vision requires at least a 50% deposit prior to ordering any optical supplies, including eyeglasses, sunglasses, contact lenses, or other supplies. Full payment is required when the product is dispensed.





Other charges: To provide thorough examinations, Dr. Cartwright highly recommends Digital Retinal Imaging for all our patients. Optomap is a technology that provides an ultra-wide field view of the retina which gives our doctors the ability to see many health conditions that could be missed otherwise. After reviewing with you, your images are archived and used to monitor your eye health and

overall wellness from year to year. The fee for this service is \$3	19.00 and is not covered by insurance.
Most of our frames and lenses include a manufacturer's warrar applicable Braeswood Vision will order the replacement product processing fee for all warranty replacements at the time the rep	ct for you. There will be a \$15.00
Return / Exchange Policy:	
Because optical supplies, such as eyeglasses, sunglasses, and contact lenses are ordered to the patient's specific prescription and measurements, they are considered customized products.	
Any cancellation of customized products will incur a restocking charge (not the discounted price) of the products being cancell	
Braeswood Vision does not allow returns or exchanges on any optical products, except unopened, unmarked, unexpired boxes of contact lenses, which may be exchanged.	
Patient, Parent or Guardian Signature	Date
Patient Name (Please Print)	Date of Birth