

Cooper Optometry Office Policies

Thank you for choosing Cooper Optometry as your health care provider. We pride ourselves on providing exceptional patient care. We understand that you have options when it comes to choosing your eye care professional.

Insurance Coverage Information

We will submit insurance claims as a courtesy to you. Insurance co-pays and fees for non-covered services are always due on the time of service. Most insurance companies have limitations: some pay a set amount; some pay a percentage and some pay nothing at all. Your insurance policy is a contract between you and your insurance company. *Medical Insurance* (such as Medicare) may cover your exam and/or other needed services if you are having a problem with your eyes that is related to a medical condition.

Vision Insurance will cover your eye exam if you are having problems related to glasses, contact lenses or a "routine" check-up when there are no specific problems. **We will need all insurance information at the time of your visit. Should you pay out of pocket and find after the exam that you have vision insurance, you may request a copy of a receipt for the charges and submit it to your insurance to be reimbursed.**

Eyewear

We require a 50% deposit on all orders if you cannot pay for the entire balance at your visit. We require a valid credit card to be placed on file if there is a balance. All balances must be paid in full at the time of pick up. **If for any reason you are not satisfied with your new glasses, we do not provide refunds.** We may be able to exchange and/or remake your glasses to your satisfaction, within **30** days. This is a one-time courtesy to our patients and is **not guaranteed**. This will be determined on an individual basis.

Refraction

Refraction is a test to determine how well your vision can be corrected and your overall visual function. Even though it is an important part of any eye exam Medicare and most Medical Insurances, including Medicare secondary plans **do not** cover this service. Your current refraction fee is **\$75**. If you have vision insurance, your copayment covers this fee. **Those requesting refraction only must sign a waiver form to forego any eye health check. It is not recommended to have refraction only unless you are already being seen elsewhere to monitor eye health. Patients with eye insurance are required to perform a comprehensive exam, including health check, in order for insurance to cover the visit.**

Providing Your Own Frames

We will be happy to make prescription lenses if you choose to bring in your own frame. However, we are not liable for any damaged or broken frames sent to the labs. Older frames may not hold up during the process of customizing your lenses and may break or get damaged. Please understand that replacement parts may not be available for older and/or discontinued frames. We want to be sure that you understand that if your frame gets damaged, we can't be held responsible. In the event of breakage, you must bring us another frame or purchase a frame from us to insert the lenses. No refunds can be given for the lenses since the labs have already custom made the lenses.

Frame Warranty

If a **new** frame proves to be defective due to a manufacturer defect, it may be exchanged within the year. It is up to the manufacture's discretion as to what is considered defective. If your frame does break please do not use any type of glue, which would void your warranty. Please just put your glasses in your case and bring it in for us to repair.

Spectacle Lens Guarantee

If for any reason you are not 100% satisfied with your new lenses, Cooper Optometry will remake the lenses within **30 days** into the lens of your choice that is equal or lesser value at no additional charge.

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Anti-Reflective Warranty

Anti-reflective coatings are subject to the warranty policies of the coating manufactures. There will be a **\$25 deductible** to redo a lens under the warranty. When cleaning lenses please use a spray meant for anti-glare coatings. For drying purposes, we suggest using a clean lens cloth.

Contact Lens Policy Evaluation and Fitting Fees

When a Contact Lens prescription is needed, additional services and fees are required that are not part of the routine eye exam. Contact lens prescriptions expire one year from the date of the finalized prescription. Our fees vary on complexity and type of the contact lens. You may inquire about fees prior to the fitting. We offer benefits for you when purchasing your contact lenses from Cooper Optometry. We will provide trial lenses while waiting for your contact lens order to arrive or hold you over until your next eye exam. Unopened boxes of contact lenses may be returned for credit or exchanged if the contact lens prescription is modified by the prescriber. Boxes must be unmarked and in good condition. These policies do not apply when purchasing your contact lenses elsewhere. There is a \$5/box re-stocking fee for each box returned that is deducted from your credit. We can not allow returns for patients who decide to undergo vision correction surgery and no longer need contacts

Pick Up Policy

Eyewear not claimed within 90 days is subject to forfeit of the deposit and will be returned to the manufacturer. Contact lenses not claimed after 90 days will be returned to manufacturer.

Cancellation Policy

All orders are a custom process and involve fixed costs to our practice. Orders cancelled after a deposit is left could be subject to a fee of the total material cost. Any order that was paid for by credit card will be deducted 3% from the refund amount due to credit card processing charges. All refunds will be given in the form of a check. If the lab has already initiated the lens and denies cancellation, we will not be able to allow cancellation and a refund will not be given.

Missed Appointments/Late to appointment

If you cannot keep your appointment, please inform us at least 24 hours in advance. If we are not notified of your change of plans within 24 hours, then we must regrettably charge you a \$65 fee. If you are 15 minutes late to your appointment, you may be asked to reschedule and subject to the \$65 fee.

Thank you for understanding our policies. If you have any questions or concerns, please do not hesitate to ask us

I, _____, have read and agreed to the policies of Cooper Optometry

Print Name

Signature of patient/responsible party

Date: