

Buckeye Vision Care Patient Policies and Warranties

Thank you for choosing Buckeye Vision Care as your health care provider. We pride ourselves on providing exceptional patient care and understand that you have options when it comes to choosing your eye care professional. Should for any reason you find yourself less than fully satisfied with your glasses, contact lenses or service, please let us know and we will do our best to attend to your concerns.

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 at the time of service. Your insurance policy is a contract between you and your insurance company. It is your responsibility to know who your insurance provider is.

Medical insurance (such as Medicare, Anthem, etc.) may cover your exam 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.

In the event that an insurance claim is denied or goes to your deductible, you will be responsible for the remaining balance.

Release of Medical Records

I do hereby consent and authorize Buckeye Vision Care to release and/or receive copies of my medical records, including current and previous medical records from other practices and practitioners, hospitals, and/or clinics, which are a part of my medical records. I understand that I may revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the Billing Department. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my po

Eye Wear

We require **full** payment on all orders before they will be ordered. If for any reason you are not satisfied with your new glasses, we do not provide refunds. However, we will gladly exchange and or remake your glasses to your satisfaction. All frame sales are final.

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, most Medical Insurances, including Medicare secondary plans, do not cover this service. Your current refraction fee is \$27.50.

Providing Your Own Frames

We will be happy to make prescription lenses if you choose to bring in your own frames. In a small percentage of cases, the frame 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 cannot be held responsible, nor can the lab because of their inability to inspect the frame before being sent in.

Frame Warranty

If a new frame proves to be defective, it may be replaced within 12 months of your order. It is up to the manufacturer's discretion as to what is considered defective. If your frame breaks, please do not use any type of glue which could void your warranty. Please just put your glasses in your case and call us at 740-385-4006.

Spectacle Lens Guarantee

If for any reason you are not 100% satisfied with your new lenses, Buckeye Vision Care will remake the lenses within 30 days in the lenses of your choice that is equal or less value (single vision, bifocal, trifocal, progressive) at no additional charge. You may also choose to upgrade and pay the difference out of pocket.

Lens Material & Anti-Reflective Warranty

All impact resistant material and anti-reflective coatings are subject to the warranty policies of the coating manufacturers. When cleaning lenses, please use the spray we provide or warm soapy water (Dawn or an anti-bacterial soap). For drying purposes, we suggest using the

cloth we provide or a 100% cotton cloth. Never use alcohol or paper products (tissues, paper towels, or toilet paper) as these can damage your lenses.

Contact Lens Policy/Evaluation and Fitting Fees

When a Contact Lens prescription is requested, additional services and fees are required that are not part of a routine eye exam. Contact lens prescriptions expire one year from the date of the finalized prescription. The fee includes your initial fit and all follow up visits related to the current fitting and any trial lenses needed throughout the process.

Single Vision Fitting Fee (previous wear) - \$55.00

Single Vision "First time wearer" Fitting fee - \$65.00

Multifocal/toric fitting fee - \$75.00

We offer benefits for you when purchasing your contact lenses from Buckeye Vision Care. We will provide a 20% discount on an annual supply of contact lenses. Unopened boxes of contact lenses may be returned for credit or exchanged IF the contact lens prescription is modified by the prescriber within 6 months of receiving original prescription. Boxes must be unmarked and in good condition. These policies do not apply when purchasing your contact lenses elsewhere. We are unable to accept returns on opened boxes of contact lenses under any circumstance.

Pick Up Policy

Eyewear not claimed within 90 days (3 months) is subject to forfeit and any remaining balance will be due in full at that time. Contact lenses not claimed after 90 days will be returned to the 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.

Missed Appointments

Please inform us 24 hours in advance if you are unable to keep a scheduled appointment. After 3 consecutive cancelled appointments or no-shows, you will be seen on a walk-in only basis.

Collections Policy

All patient balances that are in Collections must be paid in full or arrangements made to pay in full prior to future services. Future services will be on a cash basis only.

Thank you for understanding our policies. If you have any questions or concerns, please do not hesitate to ask us.
I have read and understand the above policies.