



UHC Vision Clinic Patient Agreement

MEDICAL INSURANCE

Medical insurance pays toward eye care visits when your complaint and diagnosis (present or past) involve a medical eye condition. Some examples of a medical visit are: floaters, eyelid styes, dry eyes, glaucoma treatment, foreign objects in the eye, eye infection, pink eye, monitoring of high-risk medication side effects on the eye (for example tamoxifen and plaquenil), vision loss/blurred vision caused by a medical condition of the eye, diabetes or cataracts. If there is a medical diagnosis, your medical insurance plan will be responsible for your visit and we are required to submit the examination to your medical insurance, based on rules set by insurance plans. Some examples of medical insurance companies are Blue Cross Blue Shield, United Health Care, Aetna and Cigna. Please provide your most current medical insurance card today.

VISION INSURANCE

Vision insurance is designed to pay toward a Preventative Wellness visit for the eyes. This can include nearsightedness, farsightedness, and reading focus problems, etc., which are not usually covered by medical insurance plans. Such conditions can be treated fully with glasses and/or contact lenses. A "well" eye examination checks for, but finds no medical problems. Vision insurance typically covers only WELL eye exams when no medical conditions exist. Vision insurance plans vary on services covered. **Check with your insurance carrier for your specific coverage details.** Some examples of vision insurance companies that we provide in network care for are EyeMed and Spectera. **Please let us know prior to your visit if you have Vision Insurance.**

EXAM COMPONENTS:

Your eye exam consists of 2 distinct parts, a refraction and an eye health exam.

REFRACTION: A refraction is the assessment of the focus of the eyes and determines the need for visual correction, such as glasses or contact lenses. This assessment is typically covered by vision insurance plans, but often is not covered by medical insurance plans. The refraction is required if a prescription for glasses or contact lenses is desired.

EYE HEALTH EXAM: The contact lenses and eyeglasses fitting process begins with a complete medical eye examination. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected, underlying conditions that may alter your vision or prevent contact lens use. This portion of the exam is often covered by either medical or vision insurance plans depending on your diagnosis and eye health.

CONTACT LENS FITTING

A contact lens is a medical device that interacts with the tissues of your eye; therefore, it must fit appropriately to maintain the health of your eyes. We are committed to taking the time and effort to find the most appropriate contact lens for each patient's optimal vision and comfort. A contact lens prescription can only be determined by the careful observation of the lens on the eye and the eye's response to the lens on follow-up visits. Although some people will need only one fitting session, sometimes this process requires several appointments.

- **Contact lens prescriptions will be finalized when both you and your doctor are satisfied with the fit and visual acuity of the contact lens.**
- **Trial contact lenses will be dispensed at the time of the original examination and scheduled follow-up visits if a change is required. Contact lens trials will not be dispensed at other times.**
- **Any patient who is changing lens brands must have a new fitting and there may be additional fitting charges.**
- **All contact lens wearers must have an annual contact lens evaluation to continue wear.**

CONTACT LENS FOLLOW-UP APPOINTMENTS

Follow-up appointments are necessary to assure:

1. The contact lenses are fitting and moving well and the eyes are remaining healthy
2. The prescription is providing the best possible vision
3. Proper insertion or removal of contacts and the patient understands and complies with the recommended wearing schedule

There is no charge for follow-up visits during the first 60 days or first three follow up visits, whichever comes first. Prescriptions will NOT be written for patients who do not keep follow up appointments. Once your prescription is finalized, a copy of your eyeglass and contact lens prescription will be given to you.



CONTACT LENS TRAINING SESSION

New contact lens wearers will receive personalized instruction concerning the safe care and usage of contact lenses. If additional time is needed, it will be necessary to schedule a second 30-minute training session at a different time. Upon completion of successful insertion and removal, the patient may begin wearing the contact lenses and we will schedule the first follow-up appointment within two weeks.

EYEGLOSS FITTING

Your vision with your eyeglasses depends on more than the focusing power that you and your doctor determined during your eye exam. Our optometrists and opticians want to help you make the most out of your investment in your health. The eyeglass fitting process is very important to this success. This process involves an optician measuring and fitting your frame to your face and prescription as well as taking multiple lens measurements to ensure that your eyeglasses are working appropriately and accurately. Our Opticians provide all necessary measurements for eyewear purchased at The UHC Vision Clinic. **Due to the complexity of the eyeglass fitting process, we will provide you an eyeglass prescription, however, we are not able to provide measurements for eyewear made outside of our clinic.** Unlimited free cleanings and adjustments are also provided.

FRAME WARRANTY

Frame warranty duration is based on the frame manufacturer warranty.

- **WARRANTY Covers manufacturer defects related to production issues such as:** Soldering defect on hinges, joints, barrels, pad arms, and small parts. Unglued parts such as stones, trim, pins and small parts. Delamination, peeling, bubbles on sun lens coating. Premature peeling, flaking, or deterioration of frame coating (front or temple).
- **Issues Not Covered Under Warranty:** Normal wear and tear, scratches and/or marks on the entire product. Damage caused by accident, abuse, misuse, unusual stress, improper use or storage of product, or loss of eyewear. Damage caused by any chemical contact with the product, such as commercial cleaner, alcohol, pool chlorine, hair product, etc. Unauthorized modifications or repairs

LENS WARRANTY

Scratched lenses can occur for many reasons such as accidental damage from handling or from normal wear and tear. No lenses are scratch proof. You have the option to provide added scratch protection to your eyewear. Warranty starts at the original order date.

- **NO GLARE lenses** add a protective layer to your lenses. If scratched, lenses can be replaced one time during the first year. Replacement lens must be the same Rx originally placed in the frame.
- **SUPER NO GLARE lenses** add a protective property to lenses to increase durability and allows lenses to stay cleaner longer, minimizing fingerprints, smudges and scratches. SUPER NO GLARE offers a 2-year, 1-time warranty replacement for scratching. Replacement lens must be same Rx originally placed in the frame.

PRODUCT PURCHASE POLICY

We want you to be pleased and to see well with your glasses and contacts. Let us know if you are experiencing problems with the performance of your glasses or contacts within the first 30 days.

- In the event that you are not satisfied with the visual acuity obtained with the prescription lenses provided by UHC Vision Clinic, you will be asked to return to the office for an adjustment of the glasses and, if necessary, schedule a prescription recheck appointment with the prescribing doctor. Remakes due to doctor's prescription changes are free within the first 30 days.
- Non-Prescription sunglass purchases are non-refundable.
- Non-stock, custom-ordered contact lenses, opened boxes of contact lenses, or colored contact lenses are not eligible for refund. If applicable, we will connect you with manufacturer satisfaction programs.
- There will be no refund for any professional services or testing performed.

Patient or Parent/Guardian Signature _____ Date _____

Counselor's Signature _____ Date _____