

## VAUGHN VISION PAYMENT POLICY AND FINANCIAL RESPONSIBILITY STATEMENT

Effective January 1, 2011

- Full payment is required at the time of service or when placing an order.
- All prescription eyewear orders are final. Prescription eyewear is a custom-made product, and once it is ordered it cannot be canceled or returned for any reason.
- If an insurance benefit is used, you are responsible for any co-pays or co-insurance that may apply. This includes both routine eye care and medical procedures. If a medical reason for further testing beyond the scope of a routine eye examination is discovered, you will be responsible for any co-pays, co-insurance, or non-covered charges that may apply. If you have any questions regarding whether a procedure will be covered, they should be addressed with your insurance company prior to consenting to the procedure(s).
- It is your responsibility to be aware of your insurance coverage and eligibility. Any questions regarding coverage should be referred to your insurance provider. We are not responsible for insurance denials or non-payments. If this occurs, you will be billed when applicable. Please be aware of your insurance coverage and benefits before receiving services.

By signing below, I indicate that I fully understand and will adhere to the terms listed above.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient (or Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ (Initial) I consent to having retinal screening photos today at a cost of \$25

\_\_\_\_\_ (Initial) I do NOT consent to having retinal screening photos today