

Bergamo Vision

Written Financial Policy

Thank you for choosing Bergamo 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 by offering several payment options.

Payment Options:

You can choose from:

- Cash, Check, Visa®, MasterCard®, American Express® or Discover Card®
- CareCredit healthcare credit card. CareCredit is the preferred healthcare credit card providing special financing and payment options* for out-of-pocket medical expenses. Ask about how the CareCredit healthcare credit card can help you.

Please note:

It is customary to pay for professional services when rendered. However, if you have a medical problem then we will bill your insurance on your behalf. A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lenses. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams (when no medical eye problem is known or suspected). Medicare, and most other insurance plans, insists that we charge separately for that portion of the examination, since it is not a covered service. You will receive an explanation of benefits from them itemizing your responsibilities. You will be responsible for any co-payments, deductibles or non-covered services as determined by your insurance company.

If you have a separate plan that covers routine or annual eye examinations and/or glasses, 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 as above.

We are a Medicare participating practice. If you are a Medicare Beneficiary, we will file a claim for you. You will be responsible for the annual \$162.50 deductible and the 20% co-payment.

MINORS ACCOMPANIED BY AN ADULT; The adult accompanying a minor and his/her parents (or guardian) are responsible for payment at the completion of your exam or consultation.

In accordance with our contract and with your insurance provider, we are responsible for collecting, and you are responsible for paying, co-payments after your exam.

Bergamo Vision requires payment prior to the product is received.

Bergamo Vision requires a 100% deposit for exams, treatments, procedures. Please speak to one of our staff if you have questions about how this deposit is applied and the terms and conditions determining whether it is refundable.

Bergamo Vision requires a 50% deposit to order and, 100% deposit collected prior to delivery of your optical purchase.

Bergamo Vision requires a deposit collected for COSMETIC products or services (i.e. Non-Rx Sunglasses). Please ask us about our cosmetic procedures policy or ask one of our office consultants.

Bergamo Vision will attempt to verify your insurance eligibility prior to your appointment. If an authorization cannot be obtained with the information provided, you will be responsible for payment of purchases and services rendered.

* However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.

* Subject to credit approval

30-day Satisfaction

If you are unhappy with the look of your new frame, we allow one frame restyle within 30 days from the original date of purchase. There is a restyling fee or restocking fee for this service. If you are unable to adapt to progressive addition lenses, we will allow you the option of switching to single vision lenses or a standard flat-top bifocal at no additional charge. No refund will be granted as lab fees will have already been paid out.

Contact Lenses

We will be happy to exchange any unopened boxes of unused contacts purchased from us within 30 days of your order. Packages that have been opened will not be accepted by our distributor and therefore cannot be refunded or exchanged. If a refund is granted, the patient will be responsible for any shipping charges incurred. Contact lens follow-up appointments are covered at no additional charge within **90 days** of your initial exam. Appointments scheduled after this 90 day period will be billed at **\$25 each**. These appointments are to address problems with the fit and prescription only. Any medical related conditions associated with contact lens abuse or infection will be billed as a medical office visit and is not covered under standard contact lens fit and follow-up fees.

RETURNS / EXCHANGE POLICY

Your prescription requires custom made lenses that cannot be re-used. Therefore we are unable to refund your glasses or lenses, but your satisfaction is our top priority and we are willing to work with you in whatever ways we can to improve upon your purchase.

ALL DOCTOR'S SERVICES ARE NON-REFUNDABLE

If you have any questions, please do not hesitate to ask. We are here to help you get the quality care you want or need.

Patient, Parent or Guardian Signature

Date

Patient Name (Please Print)

