

# LOMA LINDA OPTOMETRY

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## CONGRATULATIONS AND WELCOME TO OUR PRACTICE!

We would like to take this opportunity to explain  
a few of our policies and procedures to you.

### Appointments

*Please be on time to your appointments and arrive a few minutes early. This time is reserved for you. If you arrive late to your appointment there is a possibility that the office will have to reschedule your appointment so as not to inconvenience other patients.*

*Please confirm your intention to arrive for your appointment. You will receive a confirmation call two days prior to your appointment. It's important that you confirm this appointment so your appointment date and time is held for you. If you don't speak directly with the receptionist, please leave a message on our answering machine. It will be picked up the next business day.*

Our office has a *Failed Appointment Fee* if 24-hour notice is not given. Failed appointments are a problem for everyone. A Failed Appointment delays your treatment and prevents another patient who may need care to come in your place. It also creates a problem in the schedule if we need to fit a Failed Appointment into our regular day. To eliminate potential back-ups, we will be rescheduling Failed Appointments *as our schedule permits*, which will mean a possible wait of a few weeks or taking an appointment during working hours. Please note that *Failed Appointments* without 24-hour notice will result in an additional charge of \$25.00 to your account.

### Accounting

*Our office offers the following financial arrangements: cash, check, credit cards. Full balance is due at time of visit. Any check or bank draft returned to the office as unpaid will result in a \$25.00 returned item fee. As a courtesy to our insurance patients, we will bill your insurance, however, the balance due is ultimately your responsibility. **Any insurance balance not paid on your behalf by your insurance within 45 days from date of service will be your responsibility.** Please be certain the insurance information you give us is accurate. We cannot be responsible for any incorrect insurance information presented to our office. Any insurance information presented after care has been rendered will be your responsibility to request reimbursement directly from your insurance carrier. **Due to the various number of insurance plans available, we cannot guarantee what an insurance company will reimburse.** Our calculations are based on the current information each insurance company provides us. If there are any discrepancies in the coverage amounts paid by an insurance company on your behalf, we will either bill you the difference or credit your account for any overpayment.*

### Refunds

*There are no refunds for eyewear canceled after lab work is completed. Any order canceled before the job has been completed will be refunded in full within 2 weeks. Please be aware that most lab work on your eyewear is completed within 24 hours of your visit. Our office specializes in fitting contact lenses of all types. The contact lens fitting process is divided into two parts - professional fees (management fees) based on the complexity of the fit and material fees. **Management fees are not covered by insurance and are due at time of service.** *There are no refunds for any contact lens professional fees (management fees) incurred during the course of trial contact lens fittings.**

## Product Guarantees

*Our office strives to give the very best eyecare and products to our patients. If you are not fully satisfied with your eyewear, please call us so that we can do whatever is necessary to correct the problem. Please keep in mind the following policies:*

1. We stand behind our prescription. Our doctor is available to review your prescription needs if you have any difficulties (at no charge). We want you to love your eyewear!
2. We offer a 15-day exchange privilege on your frame. After getting your new eyewear, if you decide you don't like the frame, you can exchange it for any other frame of equal or lesser value at no additional charge. Any frame of greater value will be charged at the difference in cost between the two. If new lenses are required, a small lab re-grinding fee will be charged. The re-grinding fee varies with the type of lens used, so please check with the optician.
3. All frames carry a one-year guarantee against defective workmanship, at no additional charge. If your eyewear breaks, due to a manufacturers' defect, just return the broken parts and your eyewear will be repaired or replaced free.
4. We routinely fit our patients with progressive "no-line" bifocals. In the unlikely event you are unable to adapt to the lens, we will gladly refit you into the lens of your choice at no additional charge.
5. All plastic lenses with scratch resistant coating are guaranteed for 1 year not to scratch, or the lenses will be replaced for free (Only 1 replacement pair per year).
6. All lenses with Anti-Reflective lens treatment are guaranteed for 1 year against any defects or peeling, or the lenses will be replaced free.
7. Our office is open five days a week to best serve our patients. Bring your eyewear in for repairs, free adjustments and cleaning to keep your frame looking good and feeling comfortable.

## Things you should also know

*It can't be stressed enough...yearly eye exams are essential in maintaining optimal visual health. In our office, we believe the most important thing we can help our patients accomplish is to maintain healthy vision and eyes for a lifetime. A thorough exam can tell us everything we need to know to correct any vision deficiencies, as well as detect any early signs or symptoms of problems that may become more serious if left undetected. If your goal is to maintain your health, regular eye exams must be made a part of your commitment to the maintenance of your overall health. Let us help you and your family keep your vision healthy for the rest of your lifetime.*

Putting off needed treatment **always** leads to worse problems down the line. It is always difficult to see patients decline treatment for one reason or another because we often end up seeing them later with more serious problems. **It ALWAYS costs more to put off treatment so your best bet is to just do it now!**

## Notice of Privacy Rights

In the course of providing service to you, we create, receive and store health information that identifies you. It is often necessary to use and disclose this health information in order to treat you, to obtain payment for our services, and to conduct healthcare operations involving our office. The *Notice of Privacy Practices* you have been given describes these uses and disclosures in detail.

*We are pleased that you have chosen our office  
for your eye care. We look forward  
to helping you maintain your eyes for life.*

I acknowledge that I have received the *Notice of Privacy Practices* from Loma Linda Optometry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If signing as a personal representative of the patient, describe the relationship to the patient and the source of authority to sign this form:**

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Print Name

Source of Authority: \_\_\_\_\_