

Financial Policy

Please read and sign

- Payment is due when services are provided. We accept Cash, Checks, Visa and MasterCard. We also offer Care Credit, please ask for details.
- You may have health insurance that may pay a portion of your eye care bill. As a courtesy to you we will file your claim if we are a Participating Provider for your insurance plan. We participate with most insurance carries. Please call our office for more information. 757-890-2020.
- You are responsible at the time of your visit for:
 - Co-Payments
 - \$40.00 Refraction charge***
 - Contact Lens fitting fee
 - Digital Retinal Photography
 - Supply of contact lenses
 - Fees for eye glasses

***During your appointment, part of the exam will be to determine your best vision, with glasses or contacts if necessary. This is a refraction and consists of testing your vision by looking at an eye chart through lenses that can be changed to assist you to see as clearly as possible. This diagnostic test assists the Doctor in determining if you might have any disorders or eye diseases causing a decrease in vision or if your vision can be corrected by a prescription for glasses or contact lenses. **For most insurance companies including Medicare, a refraction is a non-covered service which you must pay in addition to any co-pays.**

I have read and understand the above policy.

Signature of Patient/Responsible Party

Date