Eyes in Disguise Optometry
Michelle C Blas, OD

Financial Policy

Payment of all services and materials are payable at the time of your visit. If you have health insurance, we will bill your insurance company on your behalf. Any co-payments or amounts not covered by the insurance company will be billed directly to you and you are responsible for the payment within 30 days of billing.

If you choose to purchase eyewear at our store, we thank you for choosing us to purchase your selected eyewear. We hope you are happy with your decision and want you to love your eyewear. Your eyewear(s) may have either custom fitting, and/or custom lenses made specifically for you. If you are not completely satisfied with your purchase of sunglasses/frames you may return them in the original condition and cases within 10 days of receiving it for exchange or store credit only. You will be responsible, however, for a restocking fee of 15% of the purchase value. If you are having difficulty with your new prescription glasses, we would be happy to re-evaluate the lenses and if necessary, remake them within 60 days of receiving your glasses. External prescriptions may require you to get a new prescription from your doctor.

Credits for returned materials and cancelled orders are issued as Store Credit ONLY minus a 15% restocking fee and shipping fee for all returned materials and cancelled orders. All orders for eyeglasses, sunglasses, and contact lenses are final sale, once the order has been processed at the lab, within 24 hours of the order. We are NOT responsible for any materials left in our office over 60 days.

We cannot accept your insurance as payment unless we are a provider for a valid and specific vision plan at the time of service. In that case, you will be responsible for your co-payments, and any additional charges for services that are not covered by your insurance company. I authorize payment from my insurance to be paid directly to Eyes In Disguise. I understand that billing any out of network insurance will be my responsibility. I understand that all benefits quoted to me are not a guarantee of payment by my insurance company and that final determination can only be made when the claim is processed. I authorize the use of this form on all insurance submissions and the release of all information to my insurance companies.

If we are a provider on your insurance panel, we will give you an estimate of your co-payments. We will know the exact amount only after we bill your insurance company and they have issued an explanation of benefits with payment.

Your insurance is contract between you, your employer, and the insurance company. We are not a party of that contract.

Not all services and materials are covered in all insurance contracts. Some insurance companies arbitrarily select certain services they will not cover. We cannot render services or provide materials on the assumption that our charges will be paid by your insurance company. You are responsible for non-covered services and materials. There are additional fees for contract lens evaluations and follow up visits.

Your signature below indicates that you have read and fully understand this policy and accept all terms and conditions.

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Patient Signature Date