



GRESHAM OPTICAL

Greg E. Brophy, O.D.

CONTACT LENS POLICIES

Professional Fitting Fees

A professional contact lens fitting (the process, which results in obtaining a contact lens prescription,) is done in addition to your comprehensive eye exam. Our professional fitting fee is \$65.00. This is in addition to the comprehensive eye exam fee of \$134.00. These professional fees do not include the cost of the contact lenses. When insurance is billed, the fitting fee and contact lens costs are usually combined to best utilize your contact lens benefit. The professional fitting includes:

1. Diagnostic contact lens fitting.
2. If needed, instruction on insertion, removal, cleaning, disinfecting and proper care of contact lenses.
3. All contact lens follow-up care and visits for 1 year.

Warranties

Contact lens fitting is an ongoing process. Due to expiration of manufacture contact lens warranties, patients have the responsibility to see Dr. Brophy within 60 days if contact lenses need to be exchanged. If a more expensive lens is required, full credit of the cost of your present contact lenses will be given towards the additional lens fee.

Risk

With proper contact lens care, complications due to contact lens wear are uncommon. The most common complication is discomfort and redness. More serious problems include corneal abrasions and conjunctivitis (pink eye). Rare, but most serious would be a vision threatening corneal ulcer. Sleeping in contact lenses dramatically increases the chance of serious vision threatening corneal ulcers. Other causes of serious eye infections include failing to replace lenses as recommended, wearing torn or soiled lenses, swimming in contact lenses and failing to disinfect the lenses properly. If you experience increased light sensitivity, increased redness, decreased vision, eye pain or discharge, remove your lenses and immediately call our office at 503-667-2424.

By signing below, you are affirming that you have read and understand the above information.

Signature: _____

Date: _____

Gresham Optical Billing Policies and Patient Financial Responsibility

Benefits and Eligibility

Gresham Optical strives to provide exceptional care and customer service for our patients, including our billing practices. This form outlines our billing practices and policies. As a courtesy, we verify your insurance benefits and eligibility prior to receiving services. Sometimes there will be a discrepancy in the amount we were quoted and what we actually receive. In this case, you will be responsible for the difference. Gresham Optical recommends that patients verify eligibility and benefits with their insurance company prior to receiving services.

Insurance Billing

We participate in a variety of insurance plans. Gresham Optical will submit claims to the plans we participate in. Any copays and non-covered items will be due at the time of service. Once we receive payment from your insurance company, any balance not covered will be requested in full upon receipt of the billing statement. It is the patient's responsibility to bill their secondary insurance if needed. Gresham Optical will provide a billing statement for claim submission.

Medical Appointments

Although we verify benefits and eligibility for routine vision coverage, we do not verify medical coverage. As a result we may or may not be a contracted provider with your medical insurance company. It is the patient's responsibility to verify with their insurance company if they need a referral prior to coming in. Gresham Optical does not request referrals for patients. If your medical deductible has not been met, you will be responsible for payment after we receive a response from your insurance company.

By signing this statement, you are accepting the term and conditions of our office billing policies.

Name: _____ Date: _____