

John P Skrobot, O.D.  
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## OFFICE POLICIES

### Fee Policy:

For a regular examination and other professional services, full payment or insurance co-pays are required at time of services.

SELF-PAY PATIENTS—When ordering glasses, a 50% down payment is required and the balance is due at dispensing.

INSURANCE PATIENTS—Patients portion of balance is due in full at time of service for contacts and glasses.

It is ultimately the patient's responsibility to know the terms and conditions of the health benefit plan prior to receiving services. Therefore, the patient will be responsible for the charges the insurance company does not cover.

### Contact Lens Policy:

The Professional fee for contact lens fittings include the fitting fee, contact lens checks for 6 months, trial lenses, solution care kit and care training. Any lens change needed will be made during the first 6 months without a refitting fee, with the exception of increased professional fees and the cost of materials, if any.

For example, certain types of lens materials are more expensive, (e.g.; Gas Perm) thus making the cost higher to you. Likewise, a less expensive lens cost to us will be passed on to you.

### Refunds:

Since every patient is unique, there is no guarantee that a contact lens wear candidate will be a successful lens wearer. Though rare, occasionally a patient and or doctor may decide to discontinue lens wear. A refund is based on the condition of the returned materials. For soft contact lenses, boxes need to be free of marks, not opened and not expired. You have up to a year to return the contacts.

For Gas Perm lenses, lenses need to be returned with-in 60 days of ordering. Lost or broken lenses are not refunded.

Professional fees will not be refunded. Please feel free to discuss this policy with our staff, if you have questions.

### Medical insurance vs Vision insurance:

There are two types of health insurance that will help pay for your eye health services and products. You may have both types and JOHN SKROBOT, O.D. accepts most vision care plans and medical insurance plans in both categories: (1) vision plans and (2) medical insurance (such as Blue Cross/ Blue Shield, Medicare and others).



- Vision Plans cover ONLY routine vision wellness exams and may include eyeglasses, sunglasses and contact lenses. Vision plans do NOT provide for MEDICAL EYE HEALTH CARE NEEDS.
- Medical Insurance MUST be submitted for any medical eye healthcare diagnoses and treatment care and follow-up.
- If you have both vision care benefits and medical insurance plans, it may be necessary for us to submit and bill some services to one plan provider and some services to the other plan provider. We will follow a procedure called "Coordination of Benefits" to do this properly and to maximize your best advantage and least cost to you.
- Please provide both your vision plan provider and medical insurance card(s) to our staff so we can make a copy. We will need the copy on file in case we should need it in the future for submitting a claim on your behalf.

I give permission to (family members, authorized person) \_\_\_\_\_ to discuss anything pertaining my medical care and dispensing optical materials.

**I have read and accept this office procedure.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_