

Dr. Clifford Roffis & Associates, ODP

4811 S. Laburnum Ave. Henrico, VA 23231

Phone 804.226.1144 Fax 804.236.9026

Payment Policy

I understand that payment is due at the time services are rendered. Any balances on my account, for any reason, will need to be paid BEFORE receiving new services, prescriptions, materials, or records can be released.

I understand that it is my responsibility to provide up-to-date primary and secondary insurance information. A Pre-authorization DOES NOT GUARANTEE PAYMENT and I am responsible for charges incurred due to co-pays, deductibles, co-insurance, non-covered services and/or any other reason stated by your insurance company. Copays are due at the time of each service upon registration at the front desk. Referrals from Primary Care Physicians are to be obtained by the PATIENT not the provider and presented at time of each service.

Should my account be turned over to a collection agency; I agree to pay all related costs incurred in this process including a 33.332% collection fee based on the amount sent to collections.

Returned checks are processed by UnityFIsolutions, two attempts are made with a \$50 processing fee attached.

Returns and Remakes.

Eyeglass purchases are nonrefundable, and no exchanges can be made. The lenses are measured and are custom made to your prescription therefore changes cannot be made. Should there be a change to the original order and a reorder is needed, any upgrades to the frame and/or lenses are due before reprocessing and no refunds can be given. Please Note: Insurances have their own guidelines for remakes and refund which we are obligated to follow.

All materials purchased must be picked up within 30 days of the order date. Materials returned to stock are subject to restocking fees and full payment will be required before reordering materials. Unopened/unmarked boxes of contact lenses may be exchanged up to 60 days of purchase date. Opened boxes of contacts are nonrefundable.

Contact Lens Services

Many insurance plans regard contacts lenses as “cosmetic” therefore contacts lens evaluations may not be covered by your insurance plan. I understand the annual evaluation fee is due BEFORE services are rendered or prescriptions or contact lenses are released. Contact lens follow-up visits required by your doctor must be completed within 60 days of the initial exam otherwise you will incur a charge for each visit.

Refractions

Many medical plans DO NOT pay for a “refraction” service. This is the part of the exam that determines your eyeglass prescription. I understand that payment for this service is due before services are rendered and no prescriptions for eyeglasses will be provided without a refraction service.

Insurance Authorization & Acknowledgment of Notice of Privacy Practices

I authorize the release of medical or other information necessary to process insurance claims, I also request payment of government or commercial benefits to be paid to Clifford A. Roffis & Associates.

I have read and have been offered a copy of Clifford A. Roffis & Associates’ HIPAA Policy.

I have read and understand ALL policies listed above.

Patient Name _____ Date of Birth _____

Patient / Guardian Signature _____ Date _____

If you are signing as a *personal representative* of the patient, please give your name and relationship to the patient.

Print Name _____ Relationship to Patient _____