



8603 East Haven Court • Suite 101 • New Port Richey, FL 34655  
Phone 727-844-3223 • Fax 727-844-3201

## WRITTEN FINANCIAL POLICY

An important part of our mission is making the cost of optimal care as easy and manageable for our patients by offering several payment options.

- Cash, Visa, MasterCard, Discover Card or American Express
- Care Credit healthcare credit card is the preferred healthcare credit card providing special financing and payment options for out of pocket medical expenses. Ask about how the Care Credit healthcare credit card can help you.

Payment is expected when services are rendered.

A refraction is a measurement of the lens power necessary to prescribe glasses or other corrective lens. Most medical insurance plans, including Medicare, do not cover routine refractions or routine eye exams (when no medical eye problems is known or suspected). Medicare and most other insurance plans insist that we charge separately for that portion of the examination. Since it is not a covered service, the refraction fee will be patient's responsibility along with co-payments, deductibles or non-covered services as determined by your insurance company.

**IF YOU HAVE A SEPARATE PLAN THAT COVERS ROUTINE OR ANNUAL EYE EXAMINATION AND/OR GLASSES, please let us know. Your vision plan may assist you with your eye care needs that are not covered by your medical plan. We will bill your vision plan as above. You will be responsible for any co-pays, deductibles or any non-covered services as determined by your insurance company. Azzue Optometry contact lens fee ranges from \$65 to \$120 if not covered by insurance.**

We are a Medicare participating practice. If you are a Medicare beneficiary, we will file a claim for you; you will be responsible for the annual \$162.50 deductible and the 20% co-pay.

In accordance with our contract and with your insurance provider, we are responsible for collecting and you are responsible for co-payments after your exam or consult. Azzue Optometry requires a 50% deposit on all optical orders.\*

### RETURN / EXCHANGE POLICY

Azzue Optometry does not allow returns on frames, reading glasses or sunglasses.

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Patient, Parent or Guardian Signature

Date

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Patient Name (Please Print)

*\*However, if we do not receive payment from your insurance carrier within 90 days, you will be responsible for payment of your treatment fees and collection of your benefits directly from your insurance carrier.*