

Thank you for trusting us with your vision. We have set very high expectations in our office and it is our goal to deliver the best eye care possible. We expect your experience today to be different than any other eye examination you've previously obtained. Please feel free to share your experience in our office. A referral of a family member or friend is the highest compliment one can pay.

INSURANCE COVERAGE

Dr. Whipple participates as a provider on a number of vision plans, including VSP, EyeMed, Davis (FEP Blue), UHC Vision, VBA and others; which cover the cost of one comprehensive healthy eye exam per year, and normally includes an allowance for glasses or contact lens materials. We also participate on a variety of medical insurance panels such as Blue Cross, PEHP, DMBA, United Healthcare, Medicare, Humana, and others. Medical insurance often provides coverage for one healthy eye exam per year, and also includes coverage for medical eye care, including infections, injuries, allergies; and management for conditions such as cataracts, glaucoma, macular degeneration, and diabetic eye problems. If the purpose of an exam is to obtain a prescription for glasses and/or contact lenses, the exam will be billed as a healthy eye exam to the medical or vision insurance. Otherwise, the exam must be billed to medical insurance as an office visit. If further treatment, testing, or follow-up is required, such visits will also be billed to medical insurance. For that reason, all patients are asked to please provide a copy of their medical insurance cards. There are some insurance companies that selectively exclude optometrists from reimbursement, such as IHC's SelectHealth, as well as some others. If a patient's insurance company refuses to reimburse for services performed in this office, the patient is ultimately responsible for the charges.

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SPECTACLE POLICY

As a service to our patients, we use only the highest quality frames, spectacle lenses, and coatings. Each frame purchased from Vision Source at Farr West is protected with a 2-year warranty, under which a broken or defective frame can be replaced at no cost to the patient. We cannot take any responsibility in any form for frames not purchased from our office. Lenses protected with premium protective coatings (anti-scratch or anti-reflective) are also warranted for two years against normal wear & tear (scuffing/scratching), as defined by the lab (which excludes negligent damage – caused by pets, for example). Warranties do not cover loss, nor do they cover scratched lenses on sun clips (unless a separate anti-scratch treatment is paid for and applied to the sun clip lenses). All spectacle lenses are first custom-crafted with each patient's prescription, and then cut specifically to fit the frame the patient has selected. For these reasons, it is not possible to cancel an order or switch a frame after the job has been sent to the lab; and cash refunds are not possible. At the doctor's discretion, patients who are not satisfied with the vision in their new glasses may have their prescription checked and lenses remade one time into the original frame at no cost within 90 days of the date on which the order was placed. Patients unable to adjust to new progressive lenses (no-line bifocals) may have their lenses remade into a traditional bifocal or trifocal design, although the progressive upgrade fee is non-refundable. Payment is due for all spectacle orders at the time the order is placed, including lens options not covered by insurance (such as transitions, anti-reflective coatings, tints, etc). For patients who wish to purchase a second pair of glasses for themselves, a 40% discount is applied to the second pair on same-day orders paid in full.

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CONTACT LENS POLICY

Evaluating a patient for contact lens wear consists of three steps. The first step is the comprehensive exam, which includes an examination of the overall health of vision and the ocular structures, as well as a refraction (determination of spectacle prescription). If you have vision/health insurance, this initial step is what the insurance company covers under its once-a-year healthy eye exam. Following this step, you will receive a copy of your spectacle prescription. The second step is the contact lens evaluation, the purpose of which is to determine the correct material, brand, power, and fitting parameters for each patient's contact lens, and to authorize a legal prescription. The time required for this step varies depending on the complexity of the fit, and the patient's experience with contact lenses. For patients without a current contact lens prescription, this step involves additional measurements that serve to determine whether a change in contact lens power or material is necessary. For that reason, there is a separate fee for the contact lens portion of the exam, even when the extra measurements determine that no change is necessary in the patient's habitual contact lens. The minimum fee to fit or refit a patient from one brand/lens material to another is \$57, which covers subsequent office visits needed to finalize the fitting parameters of the new contact lens prescription. Based on the findings from the comprehensive exam, Dr. Whipple will either finalize the contact lens prescription today (if a patient's current contact lens brand and power are known), dispense a trial pair of contact lenses today, or place an order (depending on whether or not the lenses are available in the office inventory) for trial lenses that will be dispensed at a later visit. Once the trial lenses are dispensed, the doctor will take measurements to finalize the power, and will also assess the fit of the contact lenses. While some contact lenses are available as disposable trials, others must be ordered from the manufacturer; which include rigid gas permeable lenses, specialty soft lenses, and hybrid lenses. Such lenses are warranted for 90 days during the fitting process. As long as the lenses are returned to the manufacturer within the allotted time period, adjustments can be made to power and material to optimize a patient's contact lens fit. If such lenses are not returned, however, the patient's account will be billed for the cost of the lenses. After the patient and the doctor are satisfied with the fit, vision, and comfort of the contact lenses, the patient may receive a copy of his/her contact lens prescription. The third step is the actual purchase of contact lenses. Each patient is welcome to purchase contact lenses from this office, or from an outside vendor. Comparisons will show that Vision Source at Farr West sets contact lens prices competitively with big-box and on-line retailers. Vision Source at Farr West is also able to provide valuable rebate coupons not available through other distributors.

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PUPIL DILATION

The purpose of pupil dilation is to examine the health of the internal structures of the eye, including the crystalline lens, the optic nerve, the macula, and the retina. In conjunction with other findings from the comprehensive exam, pupil dilation can aid in the diagnosis of cataracts, glaucoma, macular degeneration, and other retinal disease. Dr. Whipple recommends pupil dilation or an Optomap scan for all patients at least once per year. For patients that have been diagnosed with diabetes or other conditions that may affect the health of the eye, a pupil dilation is recommended at least yearly, or more frequently if indicated.

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APPROVAL OF INFORMATION RELEASE

I authorize the following people to have access to my medical and financial information, unless I specify particulars otherwise. Meaning that the doctors and staff at Vision Source of Farr West can discuss medical conditions, treatments, insurance coverage, and fees/payments with the following:

(Name) _____ (Relation) _____

(Name) _____ (Relation) _____

TERMS AND CONDITIONS

- By signing below I agree to pay all amount(s) owed within 30 days of when such amount(s) are incurred. I understand that it is my responsibility to provide my correct/updated insurance information and that Vision Source of Farr West will bill my insurance as a courtesy to me. However, regardless of insurance coverage, I agree that it is and shall remain my responsibility to pay all amounts owing as set forth herein.
- I agree that interest will accrue on all past due amounts at the rate of 1 ¾ % per month until paid in full. In the event any amount(s) is/are referred to a third party debt collection agency, I agree that in addition to any other amount(s) allowed for by law, (such as interest, court costs, reasonable attorney’s fees, etc.) I will also be responsible for a collection fee of up to 33.33% of the principal amount(s) owing as allowed by Utah Code.
- The terms of the above statements shall apply to all amount(s) incurred by me or by any individual for whom I have legal responsibility whether such amount(s) are incurred today or after today.
- I acknowledge that I have received or have been offered a copy of Vision Source of Farr West’s “Notice of Privacy Practices.”
- I understand that my signature below verifies that I understand the information provided on this document, as well as serves as a “Signature on File”, in accordance with HIPAA regulations.

Name (Please Print): _____

Signed: _____

Date: _____