

# EYE CENTER OF ST. AUGUSTINE

Dear Patient:

Please read the following policies and sign below.

## REFRACTION FEE

YOUR EXAMINATION TODAY MAY INCLUDE A REFRACTION. REFRACTION IS THE DETERMINATION OF LENS POWER FOR YOUR GLASSES OR CONTACT LENS PRESCRIPTION. REFRACTIONS ARE NON-COVERED BY MOST INSURANCE COMPANIES. IF YOUR INSURANCE COMPANY DOES NOT COVER THIS FEE YOU WILL BE RESPONSIBLE FOR PAYING THE \$25.00 CHARGE AT THE TIME OF YOUR VISIT.

## NO-SHOW POLICY

WE REQUIRE 24 HOURS NOTICE FOR CANCELLATIONS. FAILURE TO GIVE NOTICE OF CANCELLATION WILL BE NOTED AS A "NO-SHOW" APPOINTMENT AND CHARGED \$25.00. ALTHOUGH WE UNDERSTAND HOW EASY IT CAN BE TO FORGET AN OCCASIONAL APPOINTMENT, WE RESERVE THE RIGHT TO DISMISS PATIENTS WHO HABITUALLY MISS APPOINTMENTS.

THANK YOU

I have read the above policies

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Signature

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Date