



# EYECARE ROCKWALL

Holly Fisher Britt, O.D.

W. Patrick Parks, O.D.

Ann McIver, O.D.

### **Returned Checks**

All returned checks will be assessed a \$30.00 fee. All returned checks not paid in full within 15 days will be filed with the proper authorities. Thank you for your understanding concerning our financial policy. Please let us know if you have questions or concerns.

\_\_\_\_\_ Initial

### **Glasses Purchase Policy**

Glasses are considered a custom optical device, and can accommodate only the patient for which they were created. Eyecare & Laser Management of Rockwall will assure that your glasses are made according to your doctor's prescription and are free of defects after lab processing. However, due to the custom nature of an optical purchase, there will be NO refunds on such lenses. Special conditions may apply.

If you plan to use your own previously worn frame, Eyecare & Laser Management cannot be responsible for any loss of breakage of your frame during shipping, or within the lens fabrication process. In the event of loss and / or breakage you agree to be personally responsible for any expenses associated with loss and / or breakage.

\_\_\_\_\_ Initial

### **Acknowledgement of Receipt of Notice of Privacy Practices**

I have acknowledged receipt of a copy of this office's Notice of Privacy Practices.

*By signing below, I affirm that I have read and understood the policies above.*

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*Signature of patient or responsible party*

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*Date*

*If applicable,*

### **Contact Lens Service Agreement**

*By signing below, I acknowledge that I have read and agree to the Contact Lens Service Agreement.*

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*Signature of patient or responsible party*

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*Date*