

Daniel T. Whang, O.D.

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Phone 703-494-7400 ~ Fax 703-491-4220

It is the goal of Dr. Whang to provide you with the finest eye care available at a cost that is both fair and reasonable. Your understanding of our policies is essential.

Our office submits insurance forms as a courtesy and service to our patients. We are not obligated to perform this service except for plans with which we participate. Our office does not file secondary insurance. We will, however, provide you with the necessary information to submit the claim yourself.

IT IS YOUR RESPONSIBILITY TO PROVIDE US WITH COMPLETE VISION AND MEDICAL INSURANCE INFORMATION, WHICH INCLUDES: SUBSCRIBERS (OR MEMBERS) NAME, DATE OF BIRTH, ADDRESS, SOCIAL SECURITY NUMBER AND EMPLOYER. YOU MUST INFORM US OF ANY CHANGES PRIOR TO YOUR APPOINTMENT. WE CANNOT FILE CLAIMS WITHOUT THIS INFORMATION.

INSURANCE PLANS

We participate with many insurance plans. Plan participation is subject to change. You should be aware that MEDICAL visits and ROUTINE EYE CARE are different. Your insurance may not be the same for both. You may be subject to different co-pays depending on your type of visit. You are responsible for your co-pays and any non-covered fees at the time of service. You are responsible for any referrals needed as well as any deductibles, co-insurance, or charges denied by your insurance. You are bound by your plan to know their rules and guidelines. Any questions as to why your plan paid or denied a claim should be directed to your insurance company, as it is impossible for our staff to be familiar with the requirements of all group plans, as they can vary widely within the same plan.

If you are not covered by any insurance plan, payment at the time of service is required. Payment may be made by cash, check, Visa, Mastercard, Discover, or debit card.

CONTACT LENS POLICY

Contact lens exams are separate services and are not part of a routine eye exam. Contact lens fees vary depending on the type of fit and type of contacts needed. Payment for the contact lens fitting is required at the time of service. A contact lens prescription is not finalized unless the fit of the contact lens, after one week of wear, is checked. We also recommend a six month contact lens check. **Contact lens prescriptions are good for one year.** Contacts Lenses are a medical device that sit on the eye. This can produce physiological changes to the eye as well as infections. If you experience any problems do not hesitate to call the office for an appointment or advice.

EYEGLOSS POLICY

Eyeglasses are custom orders designed specifically for you, therefore we are not able to offer refunds for orders already placed and or completed. We require a 50% deposit when an order is placed; the other half at the time of dispensing.

CANCELLATIONS

24 HOUR NOTICE IS REQUIRED FOR ALL CANCELLED APPOINTMENTS. Failure to do so will result in a \$50.00 missed appointment charge and may affect scheduling of future appointments.

ALL RETURNED CHECKS ARE SUBJECT TO A \$35.00 RETURNED CHECK FEE AND FUTURE CARE MAY BE ON A CASH BASIS. YOUR ACCOUNT IS YOUR RESPONSIBILITY. IF YOUR ACCOUNT BECOMES PAST DUE FOR ANY REASON YOU MAY BE TURNED OVER TO A COLLECTION AGENCY.

I HAVE READ AND UNDERSTAND THE ABOVE POLICIES AS THEY APPLY TO ME.

Patient/Guardian's Signature

Date