

Daniel T. Whang, O.D., LLC

1914 Opitz Blvd. Woodbridge, VA 22191
703.494.7400

OFFICE POLICIES

Our practice strives to provide the highest quality eyecare and eyewear for a fair and reasonable fee. Your understanding of the office policies is essential to better prepare you for your visit.

CO-PAYMENTS/CO-INSURANCES/DEDUCTIBLES

As required by your insurance plan, all co-payments, co-insurances and deductibles are due at the time of service. These fees cannot be waived by our office, as it is an insurance requirement. Payments can be made by cash, Visa, Mastercard, Discover, and American Express. Personal checks are no longer accepted.

INSURANCE/INSURANCE CARDS

When making an appointment, it is your responsibility to inform our office of both your medical and vision insurances. We will make every effort to verify insurances over the phone while making the appointment or before your appointment time, and will not verify insurances at the time of your appointment. You may be asked to present insurance cards (vision and medical) at each visit.

MEDICARE PATIENTS

We are participating providers with Medicare Part B. Medicare patients will be responsible for a refraction (checking eyeglass prescription) fee of \$50, unless you have a separate vision insurance.

SELF-PAY PATIENTS – (NO INSURANCE COVERAGE)

If you do not have valid vision insurance coverage or we cannot verify your benefits before your appointment, full payment is expected at the time of service. If you are unable to pay for your consultation, you may be asked to reschedule your appointment and a \$50 fee will be charged for the missed appointment. Payment for services and materials is required at the time of visit.

MISSED/NOT SHOWING/LATE (FOR YOUR SCHEDULED APPOINTMENT)

We make every effort to prepare for your visit by verifying your insurance and preparing any necessary paperwork prior to your appointment. We strive to respect your time by staying on schedule. We ask that you give a 24 business hour notice when canceling or re-scheduling an appointment. “No showing” for an appointment will result in a \$50 fee. Multiple missed appointments may result in being dismissed from the practice. Please make every effort to notify the office if you will be arriving late to your appointment. If you are late for your appointment, we may need to reschedule your appointment or ask that you wait until the next open appointment spot on the schedule, while we continue seeing the patients who have arrived on time. If we are not able to see you, a fee of \$50 must be paid prior to rescheduling your appointment.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE OFFICE POLICIES AS THEY APPLY TO ME.

Patient Name (Print)

Patient or Guardian Signature

Date

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UNCOOPERATIVE PATIENTS

Our doctor and staff are not required to continue treatment of a patient who is uncooperative, refuses to follow treatment plan and/or presents difficulties in the doctor-patient relationship. Our goal is to accommodate all of our patients' needs. Patients may be dismissed from our practice for inappropriate behavior or language, as they do not help us achieve this goal.

PROGRESSIVE EYEGLASSES (NO LINE BIFOCALS)

Progressive addition lenses generally take about 2 weeks to adapt to. If you cannot adapt to progressive lenses after 2 weeks, we will try make new lenses in another design, at no charge, as long as it is within 30 days of dispensing. Because the original lenses were custom-made, we cannot refund any difference in cost.

FRAME WARRANTY

Our frames carry a minimum one-year limited warranty from the manufacturer. In general, the warranty will cover manufacturer defects. Damage due to lack of proper care to the frame (stepping on a frame, bending the frame, theft, loss, etc.) is not covered.

LENS WARRANTY

Lens manufacturer warranties vary, typically one year, starting from the date the order was placed. Anti-reflective (AR) and Scratch-Resistant (SR) treatments have a 1-year warranty that can be used ONCE during that year, with the following handling fees:

Single vision lenses: \$25

Multifocal lenses: \$50

If lenses were made by an outside office, we will check the prescription in the new eyeglasses to verify accuracy. Only prescriptions that are filled by our office will be re-refracted within 60 days of order date. If you request the doctor to re-refract due to difficulties with lenses made by an outside office, a \$50 refraction fee will be charged.

CONTACT LENSES

Unopened boxes of contact may be exchanged within 30 days of purchase, only if ordered through our office. Boxes that are open, damaged, marked, dented or in obviously unsellable condition cannot be exchanged.

CANCELLATION OF ORDERS

Please note that all orders for glasses will be processed upon receipt of payment. As the fabrication process of glasses is customized, cancellations cannot be accepted once an order has been processed. **ALL SALES ARE FINAL.**

We remain committed to providing you the highest quality products and services.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE OFFICE POLICIES AS THEY APPLY TO ME.

Patient Name (Print)

Patient or Guardian Signature

Date