Little Elm
Eye Care, P.A.

Our mission is to provide an exceptional experience that goes beyond eye care. We want to ensure that our patients have a positive experience from the moment they walk in, and continue that way for years to come! Therefore, we have made great efforts to provide an extensive variety of financial options for you and your family to maintain optimal eye health!

Payment in full is required at the time services are rendered. We will be happy to work with you, as a courtesy, to file your claim with your insurance company. We will provide you with an **estimate** of your copay and any additional out of pocket based on the information provided by you and your insurance company. If your insurance company pays less than expected, or not at all, you will be billed the remaining balance.

NOTE REGARDING CONTACT LENS EXAMINATIONS **(PLEASE READ)**: A Contact Lens Evaluation is **NOT** part of a routine eye examination. There is an additional fee for the contact lens evaluation portion of the eye examination. A Contact Lens Evaluation must be performed each year to renew your contact lens prescription. In many cases, your insurance company does not cover this fee completely. The contact lens evaluation is based on a variety of factors and can change based on the complexity of the evaluation. If you would like an estimate range, we can provide that for you.

NOTE REGARDING WARRANTIES ON GLASSES FRAMES AND LENSES **(PLEASE READ)**: There is no charge to replace glasses lenses under warranty. Glasses lens warranties apply to scratches and coating defects only. There is a $10 shipping charge to replace a frame under warranty. Frame warranties apply only to manufacturer defects. The frame warranty is voided if a frame is damaged due to anything beyond normal wear. The frame warranty does not cover lost or stolen frames. Any adhesive applied to the frame, such as Super Glue, will void the warranty. Glasses that are not picked up within six months of ordering will be forfeited and will be sent back to the manufacturer. Glasses must be paid in full before the order is placed.

By signing below you indicate that you have read and understand Little Elm Eye Care's financial policy.

Patient (Or legal guardian's) Signature: _____ Date _____

Relationship to Patient: Self Parent Other _____

Witness Signature: _____ Date _____