

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 \$35.00 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

Signature

Date