

2026 HIPAA and Policy Acknowledgment

🚨 IMPORTANT 🚨 PLEASE READ BEFORE CHECKING

By checking the boxes below, you acknowledge that you have read and fully understand each policy. This is a binding agreement. Please do not check the box until you have reviewed the terms, as these policies directly affect your billing, insurance verification, and appointment fees.

- HIPAA Privacy Notice:** I acknowledge receipt of the Notice of Privacy Practices, updated for 2026 (the last page of this form). I understand my PHI rights, including the right to opt out of fundraising and to revoke authorizations in writing. I further acknowledge that Substance Use Disorder (SUD) records (42 CFR Part 2) require my specific written consent for disclosure, and that information shared with third parties may no longer be protected by federal privacy laws. ***POSTED AT FRONT DESK***
- Permission to File Insurance:** I authorize Prairie Vision Center of Bondurant to file claims with my insurance. I understand that I am fully responsible for any costs not covered by insurance, including but not limited to co-pays, deductibles, and services or materials denied for any reason.
- Zero Tolerance for Disrespectful Behavior:** Abusive, threatening, or disrespectful conduct toward staff, doctors, or other patients—including yelling, profanity, threats, or discrimination—will not be tolerated. Violations may result in immediate termination of the visit, dismissal from the practice, and/or involvement of law enforcement.
- Respecting Everyone's Time:** We send text message reminders for appointment confirmation. Please reply to confirm. Failure to confirm within 3 business days may result in release of your appointment slot. Please arrive 5 minutes early. Arrivals 10+ minutes late will require rescheduling. Repeated same-day cancellations/rescheduling, cancellations the day before, or no-shows may lead to additional scheduling restrictions.
- Communication Preference:** You consent to receive important updates, appointment reminders, and Order Ready notifications via the method specified below. (You may need to send "Start" to 515-755-0080 to get these messages.) Expect a response time up to 72 business hours if you email us with any questions or requests.
Preferred Contact Method: Text Message Phone Call
- Confirm Phone number for text or phone calls:** _____
- Exam Fees & Follow-Ups:** Vision Exams: The original vision exam fee is non-refundable and includes up to 60 days of complimentary follow-up visits. After 60 days, follow-up services will incur a charge. Medical Visits: Medical eye exams (e.g., infections, injuries, or chronic disease management) are billed at each and every visit. These are separate from routine vision exams. *
- Fees and Payment:** Payment for co-pays, deductibles, and non-covered services is due at the time of service. We attempt to verify insurance benefits when possible. If benefits cannot be verified prior to your visit, full payment will be due on the day of service. Insurance changes must be reported at least one business day prior to your appointment; failure to do so may result in denied coverage and full patient responsibility. Accepted payment methods: cash, credit/debit cards, and CareCredit. *

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Attention Medicare Patients While we are happy to provide your comprehensive eye health examinations, please be aware that Original Medicare (Part B) does not provide routine vision coverage. Unless you have a separate, private vision insurance plan, Medicare will not cover the cost of a refraction, eyeglasses or contact lenses. This remains true even if you have recently undergone cataract surgery. Any eyewear purchased at our office will be an out-of-pocket expense due at the time of service. *

Final Prescriptions: I understand I have the right to receive all finalized prescriptions, including for glasses and contact lenses.

Contact Lens Fitting Policy: Fitting Fees: Contact lens exam fees are non-refundable. The fee covers all trials and follow-up visits for 60 days. Finalizing Rx: If you neglect to attend required follow-up appointments, your prescription will not be finalized; therefore, lenses will not be available for purchase. Expired Fittings: Any appointments to change brands or prescription strength after the initial 60-day period will be subject to a new fitting fee. *

Contact Lenses Purchases: Payment & Timeline: All orders must be paid in full upfront. Estimated completion is 7-10 business days. Rebates: Manufacturer reimbursements require proof of payment for both lenses and the exam; these must be submitted within 60 days of purchase. Returns: Opened and damaged boxes can not be returned or exchanged.*

Eyeglasses Purchase Policy: Sales & Returns: All glasses are custom-made; like prescriptions, all sales are final. Any approved returns incur a 25% restocking fee. Timeline & Payment: Completion is generally 10-15 business days. A 50% deposit is required to start the order; the remaining 50% is due at pick-up. Warranty & Protection: Includes a 1-year manufacturer warranty on frames and lenses. Lost or stolen pairs can be remade at 50% of the usual cost. Restyle Option: A one-time frame restyle is available for a \$50 fee within 30 calendar days of pick-up.

Patient-Owned Frames: We are not responsible for breakage to old/weakened frames during the lab process; new frames with warranties are highly recommended. *

Order Finality: Once an order is placed, it cannot be canceled or returned due to buyer's remorse. Please ensure your selection is final before completing your purchase. * **Important Note on Timelines:** All "business days" refer only to our days of operation. Timelines exclude weekends, holidays, and emergency closures (such as weather events). *

PATIENT/GUARDIAN SIGNATURE

DATE