

Binocular Vision Dysfunction exam & office policies page 1 of 2

APPOINTMENTS

Your NeuroVisual examination will be one-on-one with Dr. Kandl. Appointment length and testing protocol vary depending on whether you are scheduled for an Initial, Progress, or Annual NeuroVisual Examination.

WHAT TO BRING: Identification, current medical insurance cards, current glasses, and completed forms if they have not already been returned.

FORMS & INFORMATION

We need your completed forms at least 7 days before your appointment, so please return them as soon as possible.

If you plan to bring the forms with you instead, please let us know. If you need to complete the forms in our office, please let us know in advance and arrive early enough to complete them before your scheduled appointment.

CANCELLATION & CONFIRMATION

All appointments require at least 7 days' notice to cancel or reschedule.

Appointments canceled, rescheduled, or missed with less than 7 days' notice are subject to a \$150 fee. If a deposit was paid, the fee will be deducted from the deposit. If no deposit was taken, a card on file will be charged.

If a deposit was paid and your plans change, your deposit may be transferred one time when you give us at least 7 days' notice. The rescheduled appointment must occur within 60 days of the original appointment date. After one transfer, or if the rescheduled appointment is not within 60 days, the deposit is forfeited.

Appointments must be confirmed by text, email, or phone. Failure to confirm may result in cancellation of your appointment and a \$150 cancellation fee.

INSURANCE

NeuroVisual examinations assess medical conditions and are therefore billed to medical insurance, not vision plans.

If your medical insurance requires a referral to see a specialist, you are responsible for obtaining the referral before your appointment. Without a required referral, you may be responsible for the entire bill. Your physician may fax referrals to 253-590-0578.

Please email copies of both sides of your current medical insurance card before your appointment and bring the physical card with you. Insurance identification numbers and benefits can change even when your insurance company remains the same. We are in-network with several medical insurance plans. Insurance benefits and our estimates of coverage are estimates only and are not guarantees of payment. You are responsible for all copays, deductibles, coinsurance, noncovered services, and any remaining balance after your insurance processes the claim.

If a balance remains after insurance processes your claim, a credit card on file will automatically be charged for the amount due. If the payment is declined, you will be sent a bill and payment will be expected promptly. Returned payments are subject to a \$40 fee.

Your insurance company will send you an Explanation of Benefits (EOB) showing how your claim was processed. Questions regarding how your insurance benefits were applied should be directed to your insurance company.

We are unable to bill Cigna, TRICARE, Aetna, Humana, Molina, Apple Health, L&I, Ambetter, Medicaid, First Choice, and certain other plans. Payment is due to our office and documentation will be provided for you to submit to your insurance company for possible reimbursement when applicable.

I authorize direct payment to The Eye Team, PC for benefits payable under my insurance plan and assign such benefits to The Eye Team, PC.

VISION DISCOUNT PLANS

We are 100% independent, which allows us to offer the frames, lenses, and treatment options we believe are best for our patients rather than being limited by a vision plan's choices and restrictions. Vision discount plans are separate from medical insurance and only provide discounts toward glasses. We are out-of-network with all vision discount plans, including VSP, EyeMed, Davis, Spectera, BlueView, FEP Blue, and others.



4735 Point Fosdick Dr NW Suite 300
Gig Harbor WA 98335
Phone: (253) 432-4303 Fax: (253) 590-0578
www.eyecandy-optical.com
office@eyecandy-optical.com

Binocular Vision Dysfunction exam & office policies page 2 of 2

FEES

Initial, Progress, and Annual NeuroVisual examinations are billed to medical insurance when we participate with and are able to bill your plan. Out-of-pocket costs for insurance-billed NeuroVisual examinations start at \$284 for services not covered by insurance. Your insurance copay, deductible, coinsurance, and any other noncovered services are additional and will vary based on your individual insurance benefits.

If we are not billing insurance, our current prompt-pay fees are:

Initial NeuroVisual Examination: \$650 credit / \$600 cash

Progress Examination: \$550 credit / \$500 cash

Annual NeuroVisual Examination: \$550 credit / \$500 cash

Fees are subject to change without notice.

We accept Cherry Financing, which allows qualified patients to make payments over 3–6 months, often interest-free, for visits and glasses. We are happy to provide an application link.

THERALENS TREATMENT

Your TheraLenses are specifically engineered for your Binocular Vision Dysfunction diagnosis. Their design incorporates the therapeutic prism and precise measurements prescribed as part of your treatment, providing greater precision than standard prism lenses.

TheraLenses must be worn full time as directed. You will receive adaptation and wear instructions with your first pair. During adaptation, avoid switching back and forth between your TheraLenses and previous glasses or contact lenses unless directed by Dr. Kandi. Following your prescribed treatment plan is important to achieving the best results.

TREATMENT WINDOWS

After an Initial BVD Examination: The Progress Exam must occur within 90 days of the Initial BVD Examination. The first lens modification, if needed, must also occur within this 90-day period. Any additional lens modifications must be completed within 6 months of the Initial BVD Examination.

After an Annual BVD Examination: A Progress Exam is typically not needed but may be recommended. If needed, the Progress Exam and all lens modifications must be completed within 90 days of the Annual BVD Examination.

A Progress Exam does not restart or extend your treatment window. After the applicable treatment window expires, a new full NeuroVisual Examination is required, and any lens changes will be charged at full price.

LENS MODIFICATIONS

If a prescription change is needed, the first modified set of TheraLenses is \$30 per pair, plus the cost of any upgrades.

Second and subsequent lens modifications are charged at 50% of the lens fee when completed within the applicable treatment window: within 6 months of an Initial BVD Examination or 3 months of an Annual BVD Examination.

TheraLens is the lens design prescribed as part of your BVD treatment plan. If you choose to have glasses fabricated elsewhere, they are not TheraLenses and are not covered by our TheraLens modification program. If outside glasses need to be evaluated or verified because of visual symptoms, adaptation problems, or prescription concerns, a \$150 troubleshooting fee applies.

REFUNDS & CUSTOM ORDERS

Professional services, products, frames, and custom lenses are **nonrefundable**. Custom orders cannot be canceled once payment has been made. Product availability may change, and substitutions or other changes may occasionally be necessary.

CONTACT LENSES

Contact lens evaluations are not performed during NeuroVisual examinations. Contact lenses are not a substitute for your prescribed TheraLens treatment.

COLLECTIONS

If an unpaid account is referred to an attorney or collection agency, you agree to pay reasonable attorney fees, collection costs, and court costs to the extent permitted by Washington law.

COMMUNICATION

Electronic communication is handled according to the communication authorization you have provided to our office.

OFFICE SECURITY & CONDUCT

Security cameras are present in office common areas for patient and staff safety.

We maintain a respectful and professional environment. Harassment, discrimination, bullying, threatening behavior, or disrespect toward staff or patients will not be tolerated and may result in dismissal from the practice.



4735 Point Fosdick Dr NW Suite 300
Gig Harbor WA 98335
Phone: (253) 432-4303 Fax: (253) 590-0578
www.eyecandy-optical.com
office@eyecandy-optical.com