

Lifestyle Questions

Your answers to these questions will guide us in recommending the best products to meet your eyewear needs.

Which of the following do you do regularly?

- ☐ Work on a computer
- ☐ Drive at night
- ☐ Work outdoors Work under florescent lighting
- ☐ Read for long period of time
- ☐ Frequently alternate between indoors and outdoors

List all sports and hobbies you participate in:

Contact Lens Policy

For contact lens wearer, your prescription will not be finalized until you give approval of vision and comfort with the lenses. Follow ups are included anytime within the first 30 days at no charge. If you have not returned to the office within the first 30 days to finalize there will be a charge of \$50 to be refit. If it has been more than 60 days since your initial visit, there will be a charge for full fitting cost to change lenses. I understand that there will be no refund on open boxes, expired contact lenses, or doctor's fees.

Office Policies and Procedures

Your insurance is not a guarantee of payment. You are responsible in advance for co-pays, co-insurance, and any deductibles after services have been rendered. Upon submission of your services, your insurance will inform us if any further payment is due. If this occurs, a bill will be sent to you which payment will be due upon receipt. By signing this statement, I agree to be financially responsible for all charges. I authorize any release of my records to any insurance company or otherwise to assist in receiving payment for my services.

I understand that there will be no refunds given on any materials or professional services.

I have reviewed a copy of Uong Eye Care's Notice of Privacy Practices. A copy is available upon request.

I, _____, have read and understand the above sections.
(Print Name)

(Signature)

(Date)

UONG EYE CARE OFFICE POLICY

Effective 1/01/2017

- Balance must be paid in full for services rendered and prior to picking up any products purchased and ordered. Any balances not paid after 3 months will be given notices and be sent to Collections after 6 months. Patient must sign or initial Intent of Forfeiture (below) for merchandise before 180 days to prevent balance sent to Collections. A copy of your receipt will be needed to pick up merchandise. Merchandise not paid in full by 6 months will automatically forfeit their product. Patient will be responsible for all fees of services and products not paid by insurance, even claims submitted and denied.

- Our office and/or labs will not be responsible for any damages to frames or lenses not purchased at our office on and during eyeglass processing and shipments. Our office will not be liable for any damages towards fixing or repairing glasses. Please initial to acknowledge (policy applies regardless of initials – it is the responsibility of patients to read policy): Our office will not be responsible for any damages due to repair on frames or lens.

- Patients requesting email copies of receipts, medical information and/or prescriptions will not hold Uong Eye Care accountable for any reason. Must have signature and email a scan copy of this document to acknowledge understanding email rights, please email back, send a phone picture copy, or fax to Uong Eye Care. Please visit HIPAA website for more info. Requested info will be processed within 24 hours.

- Merchandise Refund and Exchange Policy:

1. Frames:

Refund on frames permitted with 50% restocking fee within 30 days. No refunds after 30 days. Purchases through insurance will be applied and calculated based on insurance reimbursements at time of purchase. Any conditions of damage be evaluated by both our office and frame manufacturer and subject to limited manufacturer's warranty on all frames within 30 days. No replacements on frames after 30 days. No frame exchanges once eyeglass order has been placed and lab has started the order.

Frame Warranty:

Frame warranty can be purchased for \$50 which will cover for 1 year from date of purchase. Lost frame is excluded from frame warranty.

2. Lens:

No refunds on lenses due to lenses being a customized item. One lens redo permitted and is subject to lab policies. Applies to patients with medical conditions (ie: Diabetes, cataracts, etc) that causes changes in vision. Applies to lens options as well. For patients who cannot adapt to progressive lens (PALs), credit will be applied to patient's choice of either distance or reading lenses into the same frame with all lens option(s) in place prior to redo. Additional lens option may be added to new orders.

3. Contacts:

Refund permitted on contact lens with 50% restocking fee on contact lens order within 30 days of order arrival of contacts for unopened boxes. No refunds on marked, expired, and open boxes. Exchanges permitted on all unopened boxes within 90 days. Credit will be applied to only contact lens (no glasses or services). Exchanges must be ordered within 30 days of date of exchange order. Purchases through insurance will be applied and calculated based on insurance reimbursements at time of purchase. Excludes CRT or specialty Lenses.

Note: All eyeglass orders normally take 7-14 business days at time of order. Our office will inform patients of any delays due to lab or frame manufacturer issues. Contact lens orders will be processed on the following Tuesdays or Fridays and patients should receive orders 3-5 business days from date of office ordering. Shipping charges will be a flat rate of \$20 to any patient's address in FL, additional \$5 to any state in the continental united states, and \$10 to Alaska and Hawaii. Shipping orders to outside United States will be subject to international rates.

UONG EYE CARE OFFICE POLICY
Effective 1/01/2017

- While we can appreciate the difficulties of allergies to certain materials (ie: metals), we will not be held responsible for any allergic reactions caused by the materials we dispense. It is the patient's responsibility to inform and to disclose that information prior to purchasing merchandise at our office. Full exchanges will be made for those who can present medical notes of their allergies based on the materials dispense within 90 days of purchase.

- Uong Eye Care does it's best to protect patients' privacy and information. In the event patient's information has been compromised, we will work with both patient and law enforcements to rectify the issue. We will not be held responsible financially for any incursions due to lose of patient's info.

Print Name: _____

Sign: _____ Date: _____

Extra Notes:

- Management reserves rights to make any changes to office policies at any time without patient notice.
- All rules and policies apply regardless of signature and/or loss of this receipt.
- It is the responsibility of the patient to read the policies before contacting Uong Eye Care.

Policies may change without notice. Please contact our office for current updates.

PATIENT LIFESTYLE QUESTIONNAIRE

WE CARE about you and your vision.
Please take a few moments to answer some questions
so we may better serve you.

NAME: _____ DATE: _____

CHECK WHICH VISION AIDS YOU
CURRENTLY WEAR, AND CIRCLE THE
ONE YOU WEAR MOST OFTEN:

- ___ Contacts
- ___ Clear Prescription Glasses
- ___ Prescription Sunglasses
- ___ Non-Prescription Sunglasses
- ___ Safety Glasses
- ___ Sport Specific Glasses

CHECK IF YOU EXPERIENCE DIFFICULTY WITH ANY OF THE FOLLOWING:

- ___ Near vision
- ___ Distance vision
- ___ Computer vision
- ___ Night vision
- ___ Headaches
- ___ Blurred vision
- ___ Sensitive skin
- ___ Night glare (halos from streetlamps & cars)
- ___ Glare from the sun
- ___ Sensitivity to bright light
- ___ Seeing in dim light
- ___ Dry eyes
- ___ Tired eyes
- ___ Other _____

Please specify

OCCUPATION: _____

HOW MANY HOURS A WEEK DO YOU SPEND.... at a computer _____ driving _____ in the sun _____

INDOOR HOBBIES / ACTIVITIES

1. _____
2. _____
3. _____

OUTDOOR HOBBIES / ACTIVITIES

1. _____
2. _____
3. _____

EYEWEAR: SATISFACTION AND DESIRES

If you could, would you prefer to not wear glasses?
___yes ___no ___sometimes

Do you experience any of the following problems with
your current eyewear (please check all that apply):

- Poor fit / they slip down _____yes _____no
- Frequent readjustment _____yes _____no
- Screws fall out _____yes _____no
- Rims/temples interfere with vision _____yes _____no
- Outdated look _____yes _____no
- Look doesn't go with everything _____yes _____no
- Frame dominates my face _____yes _____no
- Too heavy (pain & pressure) _____yes _____no
- Not durable/needs frequent repair _____yes _____no
- Bifocal lines are bothersome _____yes _____no
- Not enough reading space in lens _____yes _____no

SOME THINGS CAN AFFECT HOW THE SUN IMPACTS YOUR
VISION. PLEASE CHECK IF YOU...

- Have family history of macular degeneration _____
- Smoke / are around second-hand smoke _____
- Exercise regularly _____
- Take anti-oxidant or ocular supplements _____
- Are female _____
- Are fair-skinned / have light-colored eyes _____

CONTACTS: SATISFACTION AND DESIRES

- Do you experience dry or itchy eyes
when wearing contacts _____yes _____no
- Do you have Rx frames as back-up _____yes _____no
- Do you wear with non-Rx sunwear _____yes _____no
- Is the progressive (no-line) design
adequate _____yes _____no

This Lifestyle Survey is brought to you by Silhouette Optical and your Independent Eyecare Practitioner