

Eyewear Acknowledgement

By signing this acknowledgement I understand the following about my glasses order.

1. Due to the product customization, there are no full refunds once the order has been placed.*
2. It is my responsibility to have my glasses Rx filled in a timely manner and that any eyeglass recheck, after 45 days from the date of prescription is a billable office visit.
3. I have 45 days from the dispense date to have lenses remade for Rx changes, modifications, or lens non-adapt, but not refunded.
4. If I use my own frame and it breaks, Holt Eye Care is not responsible for the replacement.
5. To ensure precise measurement and fitting, there is a \$20 Lab Tracing Charge for any outside frame being used.
6. Polycarbonate or Trivex lenses are recommended given their safety benefits; being more impact resistant than other materials.
7. I understand delivery time is subject to many variables and may not be the date specified.
8. We will hold completed orders for 90 days, after that time period we may return your order to the lab. If this does occur there will be a refund* issued.
9. We will bill your insurance as applicable, however, you are ultimately liable for any fees and cost of services not covered or paid by your insurance. Questions about any non-payment should be directed to your insurance company.

Patient Name: _____

Patient Signature (or Account Responsible) : _____

Patient's Date of Birth: _____

Today's Date: _____

*In the case where a refund may be present, there will be a lab restocking fee subtracted from the total amount paid before any refund is issued.