

Longmeadow Optical, LTD

Dawn R. Gill, O.D.

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Welcome To Our Office / Patient Information

Name: _____
Last First MI

MailingAddress: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ SSN: _____ Age: _____ Ethnicity: _____

Employer: _____ Occupation: _____

How were you referred to us: _____

Longmeadow Optical participates in a number of insurance plans, and we will be happy to submit your claim to companies which we are a contracted, in network provider. Billing to Out-of Network and Secondary Insurances are the responsibility of the patient, and you are expected to pay any outstanding balances not paid or not billable to your Primary In-Network insurance.

Some insurances do not cover the entire costs of some procedures. They may apply an amount to your annual deductible or may deny a claim. While we do what we can to make you aware of and collect costs upfront, patients are billed and expected to pay any amounts not covered by insurances, including deductibles, copays, and charges exceeding a given allowance.

If you have insurance that you would like us to bill, please provide the staff with a copy of your insurance cards or supply the information below:

Medical Insurance: _____ Identification#: _____ Group#: _____

Subscriber Name: _____ Relationship: Self / Spouse / Child / Other Dependent

Subscriber's Date of Birth: _____ Subscriber's SSN: _____

Vision Insurance: _____ Identification#: _____ Group#: _____

Subscriber Name: _____ Relationship: Self / Spouse / Child / Other Dependent

Subscriber's Date of Birth: _____ Subscriber's SSN: _____

At Longmeadow Optical, we are also happy to supply you with glasses and contact lenses. As with medical claims, we will submit claims to your insurance companies for material costs. Any amounts not covered are the patient responsibility. We require a 50% deposit upfront on the patient balance for all glasses orders. Glasses must be picked up within 90 days of completion or the deposit will be forfeited. It is the responsibility of the patient to provide us with up-to-date contact information.

Any balances owed for medical or material charges must be paid within six months. Outstanding balances will then be turned over to collections. You will be responsible for collection costs and/or attorney fees.

Return Policy and Exchanges

Our staff at Longmeadow Optical are here to make the most of your eyeglass experience. Your satisfaction is guaranteed. If, for any reason, you are dissatisfied with your order, please stop in to see one of our Opticians. We will make sure the order is made accurately to your prescription. If necessary, an Rx Check will be scheduled with your doctor. (If you see a doctor outside of our practice, you should set up an appointment to see him or her.)

You have 90 days from date of pick up to make any exchange at full retail value. After the 90 days, additional charges or decreased exchange value will be assessed. Returns without exchange will be offered after a customary restocking fee and will only be for office credit to be used towards medical copays, deductibles, or future orders.

If you have any questions, please bring them up with our front office on the date of service.

Signature: _____ Date: _____

(under 18, must be signed by a parent or legal guardian)