

Crystal Vision Optometry



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I, _____, understand that IEHP lab can take up to 3 months to return glasses and that Crystal Vision Optometry is not liable for the eyeglass timeframe. I understand that IEHP covers:

- Routine eye exam once every 24 months
- Eyeglasses (frames and lens) once every 24 months
- Single vision lenses/ Bi Focal lenses

_____ I understand that if IEHP denies a claim for exam or materials, I am responsible for the payment.

_____ I understand that Crystal Vision Optometry's office policy states VERs will not be pulled for any reason.

_____ I understand if a redo is requested, a fee will be collected to complete the new order.

_____ I understand that IEHP lenses and frames do not come with a warranty.

_____ I understand that if materials aren't deemed medical necessary, I will be responsible payment of any upgrades.

Dual Choice Only

_____ I understand, per IEHP Dual Choice handbook, I only have \$350 for eyeglass frames or contact lenses and services.

PATIENT SIGNATURE _____ DATE _____