

"Nothing is more precious than your eyesight"

**DR. DARLYNE H. FUJIMOTO, OPTOMETRIST
& ASSOCIATES**
A Professional Corporation



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WE CORDIALLY WELCOME YOU!

We are honored to be your vision care and eyewear providers, as well as guardians of your eyesight. We sincerely thank you.

We are committed to **EXCELLENCE IN VISION CARE**. We view our relationship with you as a partnership. In establishing that partnership, we ask you that you kindly review this, our office policy. Together, we can keep our high quality care **AFFORDABLE** for all who seek it.

PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED. We accept cash, checks, ATM, Mastercard, Visa, or Discover. Returned checks are subject to a \$30 returned check fee and balances over 30 days are subject to interest rate charges of 1.5% per month (18% per annum). There is a minimum service charge of \$5.00.

BROKEN OR CANCELLED APPOINTMENTS WITHOUT 24 HOURS NOTICE are a loss to everyone and are subject to \$30.00 charge.

GLASSES AND CONTACT LENSES, ONCE ORDERED, CANNOT BE CHANGED OR CANCELLED, as they are made "for your eyes only." If you should choose to fill your prescription outside this office, do so with the understanding that we take no responsibility for the consequences of an outside supplier's inaccurate filling of this prescription or for consequences which might have been corrected in the course of follow-up services that we ordinarily provide when filling your prescription.

IF YOU HAVE VISION OR MEDICAL INSURANCE, we will do our best to help you get your maximum allowable benefits. Please provide us with a **completed insurance form** at each visit, so we may help you process it for your reimbursement. In **special circumstances**, we may accept assignment of benefits. Please understand that:

1. Your insurance company is a contract between you, your employer, and the insurance company. We are not a party to that contract. Our relationship is with you, not your insurance company. All charges are your responsibility; we will file your claim as a courtesy to you and help you as best as we can.
2. Our fees are generally considered to fall within the "usual, customary, & reasonable" (UCR) range by most companies, and are covered up to the maximum allowance as determined by each carrier. This applies only to those who pay a percentage, such as 50% or 80%, of UCR fees for this region and does not apply to companies that reimburse on an arbitrary "fee schedule," which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily exclude certain services.

If you have any questions, PLEASE ask us. ***Our pledge to you: In Our Office, Your Visual Welfare is Foremost in Everything We Do.***

Signature _____ Date _____