

OFFICE POLICY FOR EYEGLASSES

ALL SALES OF PRESCRIPTION AND NON-PRESCRIPTION EYEGLASSES AND SUNGLASSES ARE FINAL

- All orders require a minimum 50% deposit.
- If, however, there are any discrepancies between the Doctor’s prescription and the lenses manufactured by the lab, or between the Doctor’s prescription and the actual prescription, any adjustments to the prescription lenses are included at no charge within 60 days from the original date of service.
- Lens wearers who are unable to adapt will be given the option for a **1 TIME** remake with alternate lenses. Any additional upgrade to frame or lens ordered after the original purchase date, the patient will be responsible for the fee. **UPGRADE FEES ARE NON-REFUNDABLE.**
- If a patient requests a special order (out of stock) frame to view, no charge will be incurred on the first date of service. For any additional frames requested, there will be a shipping fee applied. The shipping fee will be applied to the order if the patient chooses to purchase. If the patient decides not to purchase the frame or frames, the shipping fee will **NOT** be refunded. Frames will be held for **30 days** from date of service.
- Prescription orders must be canceled within 1 business day of ordering. A fee may be applied for cancellations after 1 business day if orders have processed already.
- **PROFESSIONAL SERVICES ARE NON-REFUNDABLE.**

REPAIRS AND MAINTENANCE

- We will service repairs to glasses under warranty at no charge provided the eye-wear was purchased at Herkert Family Eye Care. Any repairs that require additional parts, special orders, or must be sent to the lab will be charged accordingly.
- Glasses purchased outside our office will be serviced and charged accordingly. We recommend frames purchased at another location be serviced through that provider **as HERKERT FAMILY EYE CARE IS NOT RESPONSIBLE FOR REPLACEMENT** should breakage occur.

PATIENT’S OWN FRAME

- We are happy to make new lenses for a previously purchased frame. We pledge to take the utmost care in handling it. However, there is a small possibility that the frame may be damaged or lost during the fabrication process. The lab and Herkert Family Eye Care **will NOT be responsible for replacement or reimbursement if that should occur.** If the frame breaks during the new lens insertion process, the lenses made for that frame cannot be placed into a different style frame. We will make new lenses at no charge for a new frame, but **the cost of the replacement frame is the patient’s responsibility.**

WARRANTY ON FRAME & LENSES

- All eyeglass frames come with a manufacturer warranty for any manufacturing defects for up to 1 year from date of purchase. This **DOES NOT** include lost or stolen eye-wear or animal damage. All parts and pieces must be returned with damaged frame to qualify for warranty replacement.
- Herkert Family Eye Care does offer an **additional 1-year frame warranty** for \$25 at the original date of purchase.
- Even though the eyeglass frame is under warranty by the manufacturer, the manufacturer **DOES NOT** pay for the shipping and handling for the exchange of the defective frames for the new frames. **The patient will be responsible for the two-way shipping costs involved, which is approximately \$15.** Keep in mind that, as a courtesy to our patients, we do (1) Exchange the frames; (2) order the proper lenses for those frames; (3) cover lab cost as necessary; and (4) physically remount the lenses into the new frames at **NO ADDITIONAL FEE.**

POLICY FOR PICKING UP EYEGLASSES

All eyeglasses that have been prescribed, fitted, and purchased by the patient will be kept in the office for a total of **90 days**. If the product remains in the office after 90 days:

- Herkert Family Eye Care will mail the product to the address on file if paid in full.
- If a 50% deposit was made, the patient will be charged for the lens cost and restocking fee for the frame. Any balance left over from those charges will be credited to the patient’s account for a future purchase.

Patient Name (Please Print)

Signature of Patient (or Responsible Party)

Date