

Acknowledgement Form

Patient Authorization Form

I, the undersigned, hereby agree and acknowledge the following:

1. Authorization of Payment I agree to pay for all services and products received during my visit to GoTo Optical and Eye Care. I understand that payment is my responsibility, and I authorize GoTo Optical and Eye Care to process the payment for the services provided.
2. Receipt of Invoice and Prescription I confirm that I have received a copy of my invoice for services rendered, as well as a copy of my prescription (if applicable).
3. Insurance Claims Submission I authorize GoTo Optical and Eye Care to submit claims to my insurance company for the services I received and the products I purchased during my visit. I understand that I am responsible for any amount not covered by my insurance plan.
4. RX Check Appointments for Vision Problems If I experience any issues with my vision after receiving my prescription, I understand that I can schedule an RX Check appointment with the doctor to address these concerns. During this appointment, I will inform the doctor of my vision problems. If a change in my prescription is needed, GoTo Optical and Eye Care will order new contact lenses and make new eyeglass lenses based on the updated prescription.
5. Standard Lenses Warranty I understand and agree that there is no warranty on standard lenses provided by GoTo Optical and Eye Care. I acknowledge that I have been informed of this policy.
6. No Refund Policy I acknowledge that GoTo Optical and Eye Care has a no refund policy for all services and products, including eyeglasses and contact lenses. By signing below, I agree to the terms outlined above and understand my responsibilities regarding payment, insurance claims, warranty, and the no refund policy.

E-Signature (draw, upload or type)

Date: