Terms and Conditions for Eye Care Northeast, LLC

Effective Date: 03/11/2025

Welcome to Eye Care Northeast. These terms govern the use of our ophthalmology services, including accessing our website, scheduling appointments, receiving treatment of care, and the use of our facilities. By accessing these services, you agree to comply and be bound by the following Terms and Conditions. You confirm that you are at least 18 years of age, or that you have permission from a parent or legal guardian to use our services. Please read these terms carefully before using our services.

1. Acceptance of Terms

By accessing or using Eye Care Northeast's services or website, you agree to be bound by these Terms and Conditions and our Privacy Policy. If you do not agree to these terms, you must not use our services.

2. Services Provided

- We offer a variety of ophthalmological services including but not limited to emergency examinations, comprehensive examinations, contact lens examinations, retinal examinations, glaucoma testing, treatment of ocular diseases, cataract evaluations, surgery of the anterior segment, minor and cosmetic procedures, etc.
- You understand that the service of checking vision for glasses or contact lenses, called Refraction, is a separate portion of the eye examination and may not be covered by some insurance companies, such as Medicare, and will be your financial responsibility.
- By law, glasses prescriptions are valid two years after the date of your eye examination.
 Contact lens prescriptions are valid for one year after the date of your contact lens examination.

3. Appointment Scheduling & Cancellations

- Appointments may be scheduled by phone, SMS messaging, or in-person. It is your responsibility to provide accurate and up-to-date information.
- If you need to cancel or reschedule your appointment, please notify us at least 24 hours in advance. Failure to do so may result in a \$50 cancellation fee.
- If you arrive more than 15 minutes late to your appointment, we may have to reschedule your visit to ensure timely care for other patients.

4. Fees & Payment

- We participate with various <u>MEDICAL</u> insurance plans, including Medicare. However, we <u>DO NOT</u> participate with <u>ANY</u> vision plans. If you are insured by a plan we do <u>NOT</u> participate with, payment in full must be made at the time of your visit for services rendered.
- You may be required to pay a deductible, co-pay, or non-covered services at the time of
 the service. It is your responsibility to verify your insurance benefits before your
 appointment. Please contact your insurance provider with any questions you may have
 regarding your coverage.
- We will submit your claims and assist you in any way we reasonably can help to get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.
- Payment for all services rendered must be made at the time of your visit unless other arrangements have been made. We accept various payment methods, including insurance, debit/credit cards, cash, and checks.
- Payments for products and services are processed securely via ModMed Pay. By
 providing payment information, you confirm that you are authorized to use the payment
 method provided.
- If your account is over 90 days past due, there will be a late fee of \$15 added to each account. Partial payments will not be accepted unless otherwise negotiated. Failure to pay for services may result in legal action or being referred to a collections agency. We reserve the right to refuse treatment until payment is made in full.
- Failure to render payment may result in you and your immediate family members to be
 discharged from this practice. If this is to occur, you will be notified by regular and
 certified mail that you have 30 days to find alternative medical care. During that 30-day
 period, our physicians will only be able to treat you on an emergency basis.

5. Privacy & Confidentiality

- We adhere to the Health Insurance Portability and Accountability Act (HIPAA) to protect your personal and health information. Your medical records will be kept confidential and only shared with your consent or as required by law.
- We implement data industry-standard security measures to protect your data. However, by using our services, you acknowledge the inherent risks of digital communication and health records.

• Your privacy is important to us. Please refer to our Privacy Policy for detailed information on how we collect, use, and protect your personal information.

6. Patient Responsibilities

- It is your responsibility to attend any necessary follow-up appointments, complete any prescribed treatments, and follow the advice and instructions provided by our healthcare providers.
- We expect all patients to behave in a respectful and considerate manner to our staff and other patients. We reserve the right to refuse service or ask patients to leave if their behavior is disruptive or abusive.

7. Liability Disclaimer

- While we make every effort to provide the best ocular care possible, we do not
 guarantee outcomes, and results may vary. You agree that Eye Care Northeast is not
 liable for any unexpected complications, side effects, or adverse reactions to treatment
 unless caused by negligence or malpractice.
- We are not responsible for any third part services, equipment, or products (such as lenses, medications, etc.) that may be used in your treatment.

8. Governing Law

These Terms and Conditions are governed by and construed in accordance with the laws of Connecticut, without regard to its conflict of law principles.

9. Changes to Terms and Conditions

Eye Care Northeast reserves the right to modify, amend, or update these Terms and Conditions at any time without prior notice. Any changes will be posted on our website with an updated effective date. Your continued use of our services after changes are posted constitutes your acceptance of those revised changes.

10. Contact Information

If you have any questions or concerns regarding our Terms and Conditions or any aspect of our services, please contact us at:

Eye Care Northeast, LLC 5 Kennedy Drive Putnam, CT 06260 860-928-0414