

Hogan Eye Associates Eyewear Acknowledgement Form

I acknowledge that my eyewear order is a custom-made product and that it or any of its parts, once started, cannot be canceled or returned for a refund.

I understand that if I have any issues with the finished product of my eyewear order (trouble with vision or the fitting of the new frames) I can contact Hogan Eye Associates to schedule an appointment to have one of their ABO certified opticians work with me to resolve any issues with the new product unless restricted by my insurance plan (e.g. **Eyemed**, **VSP**, and **Davis Vision** do not allow for the application of benefit pricing for the exchange of frame models or upgrades of lens design or materials after the order has been processed). I understand that I will be subject to changes in any promotional pricing that was applied to the original order if the changes I make after the fact would not apply to the promotion. Any changes or issues must be addressed within 30 days from the dispense date of my new eyewear. After that, if I am not satisfied with my eyewear, I am responsible for purchasing new frames and/or lenses as a new and separate order.

I understand that my new eyewear purchase has a 1 year, 1 time limited replacement manufacturer's warranty unless otherwise noted by Hogan Eye Associates or my insurance. If I have chosen to add an anti-reflective coating to the lenses, this warranty is extended to a 2 year, 2 time for the lenses unless otherwise noted by Hogan Eye Associates or my insurance. We do not warranty lost or stolen frames or lenses, frames or lenses with any visible animal damage, or hardware that no longer resembles eyeglasses (melted or shattered product.)

I understand that it is my responsibility to make the ordering optician I've worked with aware of any insurance benefits, vouchers, or discount plans that may apply to my purchase today, and that my order cannot be adjusted for any insurance benefits, vouchers, or discount plans after it has been placed. With this in mind, I understand that the amount I am responsible for after all discounts and insurances are applied comes to \$ _____

If I am using my own frame, I understand that I have chosen to have new lenses put into a frame that is not warrantied by Hogan Eye Associates and that they are not responsible for any damage or breakage to my frame that could occur while my frame is at their lens manufacturing lab. If my frame is damaged, I am responsible for providing or purchasing a new frame. Hogan Eye Associates will have new lenses made to fit the new frames at no charge to myself.

By signing below, I acknowledge that I have read, understood, and do agree to the above form.

Patient Signature: _____ **Date:** _____

Optician Signature: _____ **Date:** _____