

Today's Vision- Corpus Christi
Warranties, Guarantees and Policies

45- Day Doctor Prescription Guarantee*

If you had your eyes examined by our doctors and experience visual discomfort after an initial adaptation period, our doctors will re-examine you within 45 days of the initial visit at NO ADDITIONAL CHARGE!

60- Day Contact Lens Guarantee Fit*

If you are not satisfied with your contact lenses you may return within 60 days of the initial visit for a re-fit. Purchased contact lens materials are exchangeable within this time. Exchanged boxes must be unopened, without any marking, and free of damage to the packaging.

45- Day Satisfaction Guarantee On Glasses**

If within 45 days from the date of purchase you are not satisfied with your glasses, we will adjust or replace your glasses (one-time frame replacement) with a pair of equal value at no charge. We will not refund a cost difference. Lenses will incur a 25% restocking fee to be remade for your new frame.

FREE Lifetime Services On Glasses

We will provide free cleaning, adjustments, nose pad replacement, replacement/tightening of screws and restringing of rimless frames for the life of your glasses.

Frame Warranty**

Our frame manufacturers offer a one-year warranty against defects in workmanship. This does not cover loss, abuse, accidental damage or theft.

Lens Warranty**

Anti-reflective coating (level B or higher) and Transitions have a 1-year warranty against manufacturer defects. This includes bubbling, stripping, and peeling. Abuse and neglect are exempt from warranty.

Progressive (No Line) Multifocals**

If you are unable to adjust to your progressive lenses we will exchange them for lined bifocals or trifocals at no additional charge within 45 days. We will not return a cost difference.

Vision and Medical Insurance:

As a reminder, all copays and/ or payments are due at the time services are rendered. Authorizations are not a guarantee of payment. Should any charges be denied or determined to be patient responsibility, the patient will be billed according to the contractual obligations of the insurance company.

Signature: _____ Date: _____

*All professional services are non-refundable.

**No refunds. Warranties and guarantees may vary and are subject to insurance, union or vision care plan guidelines.

