

NEW YORK LASER VISION OPTICAL POLICY

133 E 58th Street, Suite 1102, New York, NY 10022

Phone: 212-316-1200 | Email: info@nylaservision.com

1. Payment Terms

All eyewear orders must be paid in full at the time of purchase, or at least 50% must be paid to initiate processing. We accept cash, debit/credit cards, HSA, and FSA cards.

2. Vision Insurance

We do not participate with any vision insurance plans. However, we are happy to provide an itemized receipt for patients who wish to submit for out-of-network reimbursement.

3. Cancellation Policy

Orders may be canceled within 24 hours and prior to being sent to the laboratory. After that time, all sales are final.

4. Abandoned Orders

Eyewear not picked up within **60 days** of order completion will be disassembled and any deposits will be forfeited.

5. Progressive Lens Non-Adapt Policy

If a patient is unable to adapt to progressive lenses within **30 days** of pickup, we will remake the lenses once as single vision or bifocal lenses at no extra charge. Alternatively, patients may choose to have two pairs made (distance and near), using their own frames or ours, for a separate fee. **No refunds will be issued.**

6. Adjustments and Repairs

Adjustments are offered for glasses purchased at our location. Adjustments on outside glasses may be performed at the owner's risk, and we reserve the right to decline.

7. Refund & Store Credit Policy

Prescription lenses are custom-made and are **non-refundable**. Frames may be returned in new, unused condition within **60 days** for **store credit only**. No cash or card refunds will be provided.

8. Order Processing Time

Please allow up to **14 business days** to process your eyewear. Custom or specialty lenses may require additional time depending on lab availability.

Prescription Receipt Acknowledgement

In compliance with FTC regulations, we confirm that all patients receive a copy of their eyeglass prescription following their eye examination.

I, _____, acknowledge that I have received my eyeglass prescription and completed glasses as of the date below. I have read and agree to the terms of the New York Laser Vision Optical Policy.

Date of Pickup: _____

Patient Signature: _____