

In order to better serve our patients, the management of 20/20 Ophthalmic Associates has implemented the following policies. We reserve the right to make changes to these policies without notice. As changes arise, we will make every attempt to provide those changes to our patients as expeditiously as possible. **Your initials below indicate you have read and understand our policies.**

PAYMENTS

PAYMENT IS DUE AT THE TIME OF SERVICE INCLUDING ALL NON-COVERED TESTS. WE WILL NOT BILL ANOTHER PARTY FOR THE VISIT. WHOEVER SIGNS THE PAYMENT AGREEMENT IS RESPONSIBLE FOR THE VISIT. WE ACCEPT CASH, CHECKS, AND ALL MAJOR CREDIT CARDS. ANY OVERPAYMENT \$20 OR LESS WILL BE HELD FOR 6 MOS. OR APPLIED TO THE NEXT VISIT. NO POST DATED CHECKS WILL BE ACCEPTED. NO EXCEPTIONS.

REFERRAL POLICY

PATIENTS ARRIVING WITHOUT A REFERRAL WILL BE GIVEN 15 MINUTES TO OBTAIN ONE BEFORE RESCHEDULING THE APPOINTMENT.

LATE ARRIVAL POLICY

WE ASK THAT YOU CALL OUR OFFICE IN ORDER TO PREVENT AN UNNECESSARY TRIP ON YOUR PART, AND TO MAINTAIN OUR SCHEDULE. IT MAY BE NECESSARY TO RESCHEDULE YOUR APPOINTMENT.

NO SHOW POLICY

WE REQUIRE 24 HOUR NOTICE FOR APPOINTMENT CANCELATION. NOT GIVING 24 HOUR NOTICE QUALIFIES AS A "NO SHOW" APPOINTMENT. AFTER TWO NO SHOW APPOINTMENTS, YOU WILL RECEIVE A CAUTIONARY LETTER, THREE NO SHOW APPOINTMENTS WILL RESULT IN A \$50.00 NO SHOW FEE.

PATIENT ASSISTANCE POLICY

IN ORDER TO MEET AND COMPLY WITH OUR INSURANCE LIABILITY, WE ARE UNABLE TO LIFT OR ASSIST IN LIFTING PATIENTS. ANY ASSISTANCE REQUIRED MUST BE PROVIDED BY THE PATIENT.

RETURNING CALLS

OFFICE CALLS ARE RETURNED TWICE DAILY FOR REFILLS, MEDICAL RECORDS, AND QUESTIONS CONCERNING YOUR EYES, **11 A.M. AND 4 P.M.** IF YOU HAVE AN EMERGENCY PLEASE NOTIFY THE APPOINTMENT CLERK OF YOUR EMERGENCY AND SHE WILL EITHER MAKE YOU AN APPOINTMENT OR DIRECT YOUR CALL ACCORDINGLY.

CELL PHONES

ALL CELL PHONES MUST BE ON "VIBRATE" OR TURNED OFF WHILE IN OUR OFFICE. THE ONLY PLACE PHONE CALLS MAY BE MADE OR ANSWERED IS THE FRONT WAITING AREA. NO CALLS ARE TO BE ANSWERED WHILE IN THE PATIENT CARE AREAS.

MINOR CHILDREN

MINOR CHILDREN UNDER THE AGE OF 19 MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN UPON INITIAL VISIT. WE REQUIRE A PHOTO ID ON **ALL PATIENTS**. IF THE MINOR CHILD HAS NO PICTURE ID A PHOTO MAY BE TAKEN FOR RECOGNITION PURPOSES.

Date ___/___/___ Initial_____ Date ___/___/___ Initial_____ Date ___/___/___ Initial_____