

Pediatric Ophthalmology, P.A. and the Center for Adult Strabismus Office Policies & Procedures

Welcome and Thank You for choosing our office! We look forward to participating in your care. Our goal is to provide the best possible medical care in a friendly and efficient environment. The physicians and staff members of this practice are here to serve you and we need your participation to do so. Policies and procedures are put in place to facilitate following the laws **we are required to adhere to** and to **provide you/your child with the best possible ophthalmic care**. Please read the following information and return with your patient information forms(s). A copy of this document will be provided to you. Please complete forms completely, neatly and accurately. Thank you for choosing our team. We look forward to serving you!

Insurance Cards and Photo I.D.: We are pleased to accept most medical insurance plans. A current, valid insurance card and photo I.D. must be presented at every visit. WE will not be able to submit claims to your insurance company without a card and you will be asked to pay in full for the office visit.

Vision Plans: We are not contracted with any vision plans and cannot file claims with vision plans.

Referrals: Managed Care Plans requiring a referral must have a valid referral prior to appointment(s). You are responsible for obtaining the referral from your primary care physician. Contact your insurance company for plan details.

Fees: All examination self-payment fees, co-payments, deductibles and co-insurance fees will be collected at the time of services. WE accept cash, check, MC, Visa and Discover. You will receive a detailed receipt after the visit.

Refraction: Refraction is the process of determining the eye's need for corrective lenses or the eye's refractive error (optical power) and is typically done once a year. **Dilation of the pupil may or may not be required to perform this procedure.** Refraction is often necessary in determining a medical diagnosis. Dilation typically occurs once yearly.

Appointment Times: Our physicians and staff will make every effort to keep our schedule running on time for you with the exception of unavoidable delays beyond our control. Appointments may last up to 2 hours; please plan your time accordingly. You may be asked to reschedule if you arrive more than 15 minutes after a scheduled appointment time.

Consent to Treat a Minor Child: A biological parent or legal guardian must be present at the initial office visit & be present for the entire visit for any patient under the age of 18. Legal guardians MUST provide legal paperwork and have a photo I.D. After the initial visit a grandparent or other caregiver may accompany the minor child and MUST have a consent form signed by the parent or legal guardian prior to the visit. *Please see website information for printing forms.

Appointment cancellation: Please give a minimum of 24 hours' notice to cancel or change an appointment. Not showing for your appointment and not cancelling in advance denies another patient the opportunity to have an appointment at that time. **You are responsible for keeping your appointment date and time regardless of current reminder methods.**

Appointments cancelled without 24 hour notice will be charged \$50.00.

Food and Drink: Food and drink are NOT permitted in the office waiting room or examination rooms. Please leave your food and drink in the car or dispense of it before you check in for your appointment. The goal is a *clean and healthy* environment for everyone. **We respectfully request that adults as well as children comply with this policy.**

Children & Contact Lenses: The specifications for fitting a patient with contact lenses differ from a written prescription for eyeglasses. Our physicians will do a comprehensive eye examination on your child and will provide you with an eyeglass prescription if one is required. The physicians of this practice do not write contact lens prescriptions. If your child is interested in contact lenses we can refer you to a contact lens specialist for a fitting.

Medical Records: There is a \$25.00 fee for all medical records requests and completion of any additional forms. After the medical records release* form is received by our office, records will be sent within 15 business days.

Website: Please visit our website, www.abceyes.com, for additional information as well as to print our ***FORMS**. If you do not have internet access, please call our office to have one mailed to you.

I acknowledge I have been made aware of these policies and procedures.

Signature of patient, parent or legal guardian

Date

Patient Name (please print)