

## Patient Information

Welcome to Ashland Eyecare! We value the opportunity to be a partner in your vision care and trust that you will find this information helpful. Our purpose is to inform you of our policies and procedures so that we may provide you with the highest quality of care. Thank you for taking the time to review this information and please do not hesitate to speak with a member of our staff should you need further assistance.

### APPOINTMENTS

We want to be an integral part of your vision care that consists of annual exams, disease management such as Glaucoma and Diabetic Retinopathy, spectacle and contact lens options and co-manage care of cataract and lasik procedures. It is our goal to be flexible enough to meet your appointment needs while being respectful of time constraints. To help us, please call our office well enough in advance to schedule routine or annual visits so that we may accommodate your needs.

**Initial Visit** - Bring your insurance cards and list of current medications. We will keep a copy with your record.

**Each Visit** - Provide us with updated information regarding address, telephone, insurance, etc.

**Annually** - We update our records on an annual basis and will ask that you complete a registration form and submit a copy of your current insurance card.

**Appointment Cancellations/No Show Policy/Late:** If you are not able to make your appointment, we ask that you call our office at least 24 hours prior to your appointment time to cancel or reschedule. By canceling an appointment early, it provides our office staff with the opportunity to offer that time slot to another patient, which benefits everyone. The office reserves the right to charge a cancellation fee of \$20.00 for late notification. Three cancellations without sufficient notification may result in termination from the practice. We all experience unforeseen events. While we understand, you may be asked to reschedule if you are late for your appointment.

### PAYMENT & INSURANCE INFORMATION

**For Patients with Insurance:** You are required to bring your insurance card and co-payments (cash, check, credit card) for each visit. As a health care consumer, it is important to understand it is your insurance company, not your optometrist who determines coverage, benefits and authorizes payment for services rendered. Therefore, please read your insurance policy. Some services (i.e. tests, exams, prescriptions, etc.) may have to be pre-approved by your insurance company before the service can be provided.

**For Self Pay Patients:** If you do not have insurance, payment for services will be required at the time of your visit.

### FINANCIAL INFORMATION & BILLING PROCEDURES

Following your appointment, we will submit a bill (also called a claim) to your insurance company for payment. Once the insurance company has paid their portion, you will be required to pay any balance due on the claim. If you have questions about how a claim has been processed, contact your insurance company's customer service department for an explanation.

You will receive an itemized statement from us showing the balance owed. The balance is due upon receipt of the first statement. We will send out an additional two statements, one every thirty days, asking for the balance of payment. Failure to pay outstanding balances after the third statement will result in your account being turned over to a collection agency. Continued non-payment may result in your termination from the practice.

### OTHER IMPORTANT INFORMATION

There may be certain circumstances in which you could be discharged from the practice:

- Failure to pay for services
- No show or missed appointments
- Non-compliance with treatment plan
- Problematic Behavior
- Not following practice policies

## Patient Information

### Explanation of Contact Lens Fitting Fees -

The fitting fees established by Ashland Eyecare cover the contact lens evaluation which is a separate part of a comprehensive eye exam and requires additional testing that people who do not wear contact lenses do not need to have. Patients wearing or being fit for contacts require more of the doctor's time and expertise.

Contact lens examinations and fittings have different levels of difficulty, this depends on the type of contact lens needed, the visual requirements of the patient, the health of the patient's eyes and whether they are new or established as a contact lens wearer.

If needed, the fitting fee will also cover the insertion and removal education provided by our contact lens specialist. Proper insertion and removal technique as well as cleaning and wearing schedules will be taught. Trial contact lenses will be provided to our patients.

Additional visits may be required to check proper fit, visual acuity and comfort of the contact lens which is also included in the fitting fee.

**Care of Minors** - Patients younger than 18 years of age require consent for treatment from a parent or legal guardian. It is best for the parent or legal guardian to be present with the minor patient so that the correct insurance information is given and decisions can be made between the doctor and the responsible party regarding vision care or material purchases. Minor patients need to be prepared to make payment on the day of the appointment for co-pays, materials, etc.

**Medical Records** - Your health care records are confidential and we take the responsibility of maintaining that confidentiality seriously. Release of medical records requires the signed authorization of the patient or patient's representative; or receipt of a subpoena with appropriate authorization or court order. Ashland Eyecare reserves the right to charge a fee for the copy and transfer of medical records.

**HSA (Health Savings Account) / Flex Spending** - HSA Accounts thru your employer are plans that will help you to pay for medical expenses throughout the year. Often, your employer will provide you with a credit card for these specific medical payments/purchases. Please be sure to use this card when making a payment. A fee of 3% will be assessed if we are instructed to make a transaction reversal from your credit card to the HSA card.

Thank you for choosing Ashland Eyecare for your vision needs. We are committed to providing exceptional vision care and look forward to the opportunity to serve you.

2212 Mifflin Avenue, Suite 110

Ashland, OH 44805

(419) 289-0808

[www.ashlandeyecare.com](http://www.ashlandeyecare.com)

Like us on Facebook!