**REFRACTION FEE**

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| --- | --- |
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Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Acct #: \_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

One of the most important parts of your eye exam today is the refraction. That is the part of the exam by which we determine whether you can be helped in any way by a new glasses prescription. It is also how we determine the best possible visual acuity and function of your eye, which is essential medical information for us to have as we assess your eyes and look for problems. There are some eye conditions which require the doctor to make the refraction measurements, even if you don’t end up changing your eye glasses.  It is NOT a covered service by Medicare and many other health insurance plans.  These plans consider refraction a “vision” service not a “medical” service. Our office fee for refraction is $51.00 and unless your plan automatically covers the refraction charge, this fee is collected at the time of service in addition to any co-payment your plan may require. Should your plan pay us for the refraction, we will reimburse you accordingly.

I have read the above information and understand that the refraction is a non-covered service. I accept full financial responsibility for the cost of this service and understand it is due at time of service. I understand that my deductible, co-insurance or co-payment is also due at this time.

**Patient signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appointment Policy**

No shows and cancellations with less than 2 weekdays’ notice are a significant problem for our small practice. Many practices overbook on purpose so that no-shows and last minute cancellations won’t limit access for other patients as well as cause financial hardship for the practice.

In our office please schedule an appointment by calling, (423) 855-8522. If you need to reschedule an appointment and have multiple appointments booked, it is important that you tell this to the receptionist. Some doctor appointments are meant to occur after testing or after a procedure so the sequence of your scheduled appointments matter and may need to be adjusted.

We will attempt to confirm your appointment beginning one week prior to your scheduled visit. If you do not respond to the automated calls and emails, then we will attempt to reach you personally two days prior to your visit. Our software tracks whether or not you press cancel or confirm on our automated system.

If you cancel twice within the 48 hour time period, you will be asked for your credit card number to reserve your next appointment space. We will charge a no-show fee of $50 to your card should you late-cancel or no-show for a third time within the 48 period and you will be dismissed from our practice as your care is our responsibility. We cannot care for you if you do not keep your appointments. **Initial** \_\_\_\_\_\_\_\_\_\_\_

**Financial Policy**

We collect co-pays, co-insurance, deductibles and non-covered services at the time of your visit. We have found that doing so reduces the burden on our billing department and protect patients from accruing balances that can impede us from providing care. Please be prepared to pay at the time of service.

All surgery payments need to be collected two weeks prior to a scheduled surgery date to cover our costs and reserve the time at the surgery center. If you are in need of surgery, our surgery scheduler will inform you of your payment due date.

**Initial \_\_\_\_\_\_\_\_\_\_\_**

**Cell Phones**

Cell phones are a distraction to our staff and doctor. Please turn off your phone and take calls outside if necessary.

**Initial \_\_\_\_\_\_\_\_\_\_\_**

**Tardiness/Last Minute Cancellations**

If you are running late for your appointment or have to miss it at the last minute, please call us. We start to worry about you when you have confirmed and then do not make it in on time.

**Initial** \_\_\_\_\_\_\_\_\_\_\_

**Patient Dismissal**

Allied Eye will dismiss patients that:

* cancel within the 48 hour window three times
* do not show up for an appointment three times
* cause disruption by their behavior, including but not limited to in-office cell phone use

**Initial** \_\_\_\_\_\_\_\_\_\_\_