

## Lakeshore Eye Care Professionals, S.C. Office Policy

Welcome and thank you for choosing Lakeshore Eye Care Professionals for your eye care needs. Below you will find important information regarding our services. Thank you for your cooperation with these policies which are designed to protect your privacy and to comply with current legal requirements.

**Appointments:** Our patients are seen by scheduled appointments. If you are unable to keep your appointment, please contact our office as soon as possible to reschedule.

**Refraction Fees:** A refraction test is a separate but necessary part of a complete eye exam. Refraction is **NOT** a payable benefit by Medicare and some commercial insurance companies because it is considered routine eye care. A refraction test helps us give you the best possible vision by determining your optimal glasses prescription and lets us determine if other eye problems such as macular degeneration or cataracts are affecting your vision. The charge for refraction is \$40.00. You will be billed for the refraction test if it is not payable by your primary or secondary insurance.

**Patient Information, Identification, Insurance & HIPPA:** As a service to our patients, we do bill your insurance company but we need your help to assure accurate filing. We need to verify your address, phone number and insurance information at each appointment. This is why you need to ***bring your insurance card to each and every appointment.*** Due to insurance fraud, we are now required to verify your identity with a picture ID. If you don't have a picture ID, as an alternative you may present two other forms of ID but one needs to be state or federally issued.

It is your responsibility to become familiar with your insurance coverage, coordination of benefits, in-network providers, co-payments and referral requirements ***before*** your appointment. If you have questions, please contact your health care administrator. Please also review our Privacy Practice Notice to understand how we use your protected information and complete the Acknowledgement Form. Copies are available upon request.

**Co-Payments:** Insurance co-payments are due prior to your appointment.

**Minors:** In Wisconsin, anyone under the age of 18 years-old is considered a minor and is unable to consent for most medical treatment. A parent or court-appointed guardian ***must*** accompany the minor. A Parental Consent Form can be completed after the initial visit to be used for follow-up visits if a parent is not available or not required to accompany the minor. The parent or guardian will need to provide a picture ID for the minor.

**Financial Policy:** Payments for outstanding balances, co-payments and cosmetic procedures are due prior to service. We accept cash, checks (with a \$25.00 service fee for non-sufficient funds), MasterCard, Visa and Discover. Deductibles, co-insurance and/or denials by your insurance carrier will be payable by the responsible party. *Those failing to bring their insurance card on the day of the appointment will be required to leave a \$100 deposit.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_