

Lakeshore Eye Care Professionals, S.C. - Office Policies

Thank you for choosing Lakeshore Eye Care Professionals for your eye care needs. Below you will find important information regarding our services.

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: Refraction is a separate but necessary part of a complete eye exam. Refraction is *NOT* a payable benefit by Medicare and most commercial insurance companies because it is considered "routine eye care." Our doctors strongly urge our patients to have refraction done yearly because it provides necessary information to completely evaluate your eyes and your vision. It allows us to assess your best possible vision so we know what effect conditions such as macular degeneration or cataracts are having. It is not just needed when you want new glasses. If refraction is done, the charge is \$40.00. You will be responsible for payment if refraction is not covered by your primary or secondary insurance.

Patient Information, Identification, Insurance & HIPAA: As a service to our patients, we will directly bill your insurance company but need your help to assure accurate filing. That means we must 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.*

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.

Vision Plans: Please inform our staff if you have a vision plan for routine eye (non-medical) exams *before* your appointment. We need to obtain an authorization for the visit and make sure you are scheduled with our Optometrist. If we are not informed of the vision plan and you see one of our medical doctors, the visit will not be covered and you will be responsible for the charges.

Co-Payments and Deductibles: Insurance co-payments are due prior to your appointment. For surgical procedures, appropriate deductible amounts not met with insurance carriers are due prior to the procedure.

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, deductibles and self-pay procedures are due prior to service. We accept cash, checks, MasterCard, Visa and Discover. A \$25.00 service fee will be assessed for checks with non-sufficient funds. Deductibles, co-payments 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.*

Patient Name: _____

Signature: _____

Date: _____