

Information and Policies of Athens Eye Care Center, P.C.

Office hours are from 8:30 a.m. – 5:00 p.m. Monday, Tuesday and Thursdays with lunch from 12:00 – 1:00 p.m. Wednesdays are 8:30 – 3:00 and Fridays 8:30 – 12:00. Hours may be subject to change. We provide on-call services after hours for emergencies only. In the event of an emergency, call our office and our answering machine will give you the number to reach the doctor on call.

Prescription requests require 24-48 hour notice. Any routine medication refills will be called in during regular office hours only so that we can have your medical record available.

We prefer good quality preventative medicine to emergency only care. This is better medical care for you and your family. Please make an effort to establish with our doctor a standard routine for eye care appropriate for your age and medical history. We are familiar with up-to-date standards for good health care.

If you miss an appointment without notifying the staff at least 24 hours prior to your appointment, a broken appointment fee will be charged to your account. If you arrive more than 20 minutes late for your appointment, you may be asked to reschedule in order to be fair to the other patients who arrive on time. In the same regard, we make our best efforts to see our patients at the time of their appointment, but in the event of an unforeseen medical situation, please understand that if we are running behind, you will receive your doctor's best care as soon as possible. We appreciate your patience.

Your insurance will be filed for you as a courtesy. Please be familiar with the terms and policies of your insurance plan. If you have a deductible, which has not been met, or your insurance deems your visit as a non-covered service you will be responsible for the balance. **The terms of your insurance policy are between you and your insurance company.** All co-payments are due at the time of service. No exceptions. Any credit on your account will be applied to future visits. Collection fees will be charged if your account is in arrears.

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All patients will need their current driver's license or photo ID and an updated insurance card. If you do not bring your updated insurance card, you will be expected to pay in full. Your insurance company depends on accurate information. Incorrect information can result in the denial of your claim. In the case of divorced parents, the primary care giver will be responsible for any co-payments or balances not covered by insurance unless legal documentation is provided showing otherwise.

There will be a \$30 charge or the maximum allowed by law on all returned checks. Only cash will be accepted when picking up a bad check. No exceptions.

Having read the above, I agree to abide by the policies set by **Athens Eye Care Center, P.C.** I hereby understand and agree that all services and/or materials provided by this office are non-refundable. I realize that all charges incurred by me and my dependants are my financial responsibility and all court fees, attorney fees, or other fees necessary to collect any past due balances are my responsibility. Failure to follow these policies could result in my immediate dismissal as a patient. I confirm that the information that I have provided is true and correct. I have signed these policies of my own free will and in my right mind.

Patient Signature _____ **Date** _____