

LAKEPOINTE VISION CENTER

OFFICE POLICY

Effective 03/25/2014

ADULT SUPERVISION

By law, a minor may not receive medical treatment without a parent or legal guardian on premise. A patient under the age of 18 must be accompanied by a parent or legal guardian during every visit. A minor may also be accompanied by an adult who provides Power of Attorney documentation. The parent or legal guardian must be present during the entire visit and is responsible for signing all legal documentation, providing accurate and up-to-date medical history information, and the financial aspect of the visit. Our staff will provide the parent or legal guardian with all treatment options and recommendations. Any appointment for a minor will have to be rescheduled if a parent or legal guardian is not present.

PAYMENT FOR SERVICES

Each patient will be provided with a copy of the Financial Agreement. This agreement outlines financial responsibility for services rendered. Our office requires payment in full for all services (performed by the doctor or staff) at the time of service, unless otherwise authorized. This authorization must be obtained before services are rendered. Services may not be "billed" to parents, a spouse, or any person covering your expenses.

ORDERS

All orders require 100% of payment in full before they can be placed.

INSURANCE

Insurance information must be provided for verification before your scheduled appointment. If the insurance information is not provided until you arrive for your appointment, we must verify coverage and eligibility *before* performing services. If we are unable to verify eligibility before your scheduled appointment time, your appointment will be rescheduled. If insurance information is provided after the date of service, our office may require that you submit the claim on your own, regardless if we are a participating provider. All copays and overages are due at the time of service. You should provide a copy of all health / vision insurance cards when possible.

Our office only bills claims to insurance companies for which we are a contracted provider. We do not bill supplemental insurance carriers. If you have an insurance that we are not contracted with, payment in full is due at the time of service. You may then self-submit your claim for out-of-network reimbursement. We can not be responsible for payment or reimbursement from an insurance carrier. You are responsible for all fees not covered by the insurance company.

SCHEDULING

Our office will schedule no more than two patients from a family on the same day. Additional family members must be scheduled on a different day. If you arrive for your appointment more than 15 minutes late, your appointment will have to be rescheduled. If you break an appointment with less than 24 hours notice, miss your appointment without any notification, or arrive more than 15 minutes late, you may have restrictions placed on future appointments. Due to the length of special testing, certain types of appointments may not be scheduled during our prime time hours.

BROKEN APPOINTMENT POLICY

If, for any reason, your appointment should be broken with less than 24 hours notice, a fee of \$25.00 will be charged to your account. This fee must be paid before any future appointments may be scheduled.