

Virginia Ophthalmology Associates Office Policy

Thank you for choosing Virginia Ophthalmology Associates. We are committed to providing excellence in eye care.

FINANCIAL: Unless valid insurance is presented, you are responsible for payment in full at the time of your visit. Your co-payment, deductibles, and/or your co-insurance cost are to be paid at the time service is rendered. Any remaining balances after your insurance has paid are also your responsibility. Your services may require a referral or authorization prior to services being rendered. If required, you are responsible for securing that referral authorization. Some medical services may not be covered by your insurance. You are responsible for payment of any services that your insurance company does not cover for any reason. Please be aware that some visits performed by our technicians, without seeing a physician, are considered an office visit and fees will be generated accordingly.

PRESCRIPTION REFILLS: We ask that refill requests be processed through your pharmacy. Your pharmacy can request a refill even if you do not have refills remaining. Please request your routine refill requests at least two business days in advance of when you need them.

FORMS: To ensure we are able to meet your needs, please submit any request for any forms completion at least 10 days in advance. There is a \$25 fee for standard disability/FMLA forms to be paid prior to the forms being released via fax, mail or in person.

MEDICAL RECORDS: We are happy to provide you with a copy of your medical records upon completion of a Medical Record Release form in compliance with HIPPA privacy regulations. We will gladly send your records to the provider of your choice at no charge to you. There is a \$15 fee if we release records directly to you.

NO-SHOW, LATE ARRIVAL AND CANCELLATION POLICY: Should you arrive late for an appointment, please be aware that you may be required to reschedule or you may have to wait to be seen after other patients who arrived at their scheduled time. Appointment times are scheduled to allow us to take care of each individual's needs during his or her visit. At least 24 hours advanced notice is required if you are not able to keep your appointment. In the event an appointment is missed (no show or no call for cancellation) a fee of \$25 will be billed. You will not be charged for an office visit if you cancel at least 24 hours prior to your appointment. We reserve the right to terminate the patient-doctor relationship for multiple missed or rescheduled appointments.

Routine vs Medical: It is important that you understand your vision plan. The **ONLY TWO** routine vision plans accepted by our practice is Vision Service Plan & Superior Vision. These plans cover ROUTINE eye care only (nearsightedness, farsightedness and normal astigmatism). Our doctors are committed to giving you the highest quality of eye care. If your eye exam involves a medical condition related to your eyes that requires specific counseling, documentation, follow-up care, regular monitoring or referral to one of our surgeons, then your visit is not a routine eye exam and is NOT COVERED by your vision plan. Your medical insurance will be billed instead and the terms of that policy will apply to your visit. **Refractions are a non-covered service with most insurance companies. This charge is the patient's responsibility.**

We reserve the right to modify these policies without providing direct notification.

My signature below indicates that I have read, understand and agree to the terms of these policies.

Patient printed name

Patient or Responsible Party printed name

Patient or Responsible Party Signature

Date