

Virginia Ophthalmology Associates Office Policies

At Virginia Ophthalmology Associates, we are dedicated to delivering exceptional eye care. To ensure a smooth and efficient experience, please take note of the following important information:

Financial Responsibilities:

Unless valid insurance is presented, we kindly request payment in full at the time of your visit. Copayments, deductibles, and co-insurance costs, should be settled at the time of service. Any outstanding balances after your insurance processes your claim become your responsibility.

Certain services may require a referral or prior authorization, which is your responsibility to obtain. Be aware that your insurance may not cover all medical services, and you are responsible for any non-covered expenses.

Please note that visits performed by our technicians, even without seeing a physician, may be considered office visits, and fees will apply accordingly.

Prescription Refills:

We encourage you to request prescription refills through your pharmacy. Your pharmacy can request refills even if you have none remaining. We recommend requesting routine refills at least two business days in advance of needing them.

Forms:

To ensure we can meet your needs promptly, please submit any requests for form completion at least 10 days in advance. There is a \$25 fee for standard disability/FMLA forms, payable before the forms are released via fax, mail, or in person.

Medical Records:

We are pleased to provide you with a copy of your medical records upon completion of a Medical Record Release form in compliance with HIPAA privacy regulations. We will gladly send your records to your chosen provider at no cost to you. However, there is a \$15 fee if we release records directly to you.

Routine vs. Medical Services:

It is important to understand your vision plan. Our practice only accepts two routine vision plans, namely Vision Service Plan (VSP) and Community Eye Care (CEC), which cover routine eye care (nearsightedness, farsightedness, and normal astigmatism). If your eye exam involves a medical condition related to your eyes requiring specific counseling, documentation, follow-up care, regular monitoring, or referral to one of our surgeons, it is not considered a routine eye exam. In such cases, your medical insurance will be billed, and its terms will apply. Refractions are typically not covered by medical insurance and are the patient's responsibility.

Please be aware that our policies may be subject to change without direct notification.

By signing below, you acknowledge that you have read, understand, and agree to the terms of these policies.

Patient Name Printed

Responsible Party Name Printed

Responsible Party Signature

Date

Virginia Ophthalmology Associates No-Show, Late Arrival, and Cancellation Policy:

We value your time and our commitment to providing quality care. Please take note of our policy:

Late Arrival: If you arrive late for your appointment, you may need to reschedule, or you may experience extended waiting times. Our appointment slots are carefully allocated to cater to each patient's needs.

Cancellation: To best serve everyone, we require a minimum of 24 hours' notice for appointment cancellations.

Fees for Missed Appointments:

Office Visit: \$25.00

In-Office Test or Measurement: \$25.00

In-Office Procedure/Laser: \$50.00

Out of Office Procedure/Laser: \$100.00

Fees must be paid prior to the appointment being rescheduled.

No fees will apply if you cancel or reschedule with at least 24 hours' notice. In cases of repeated missed or rescheduled appointments, we reserve the right to request a deposit or terminate the patient-doctor relationship.

Thank you for your understanding and cooperation. We look forward to providing you with exceptional care.

By signing below, you acknowledge that you have read, understand, and agree to the terms of the Virginia Ophthalmology Associates No-Show, Late Arrival, and Cancellation Policy.

Patient Name Printed

Responsible Party Name Printed

Responsible Party Signature

Date