



Patient Responsibility and Financial Agreement

Thank you for choosing Lakeshore Eyecare Center. We are committed to providing quality eye health care to all our patients. The following is a statement of our patient responsibility and financial policy, which we REQUIRE that you read and agree to prior to any appointment or treatment.

Demographic Information

We rely on our patients to keep us up to date with your personal information. It is your responsibility to contact our office should any of the following change: Home address, current phone numbers, preferred contact email.

Insurance Information

It is your responsibility to know your own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company. It is your responsibility to contact our office immediately should any information change. Should you fail to provide us with the most accurate information in a timely manner, you will be responsible and billed for all charges that result in non-payment or denial by your insurance company.

Appointment Policy

We work diligently to stay on schedule and ask that you arrive 10-15 minutes prior to your appointment time to fill out any necessary paperwork. Arriving late will deprive you of valuable appointment time. If you will be more than 5 minutes late for your appointment, we request that you call our office to inform us. We will make every effort to complete your entire exam. If you arrive more than 15 minutes late, we reserve the right to reschedule your appointment and charge the cancellation fee (see cancellation policy for details). You will have to reschedule for another date and time.

Cancellation/No-Show Policy

If you need to cancel an appointment, we require a MINIMUM of 24 hours' notice. Any appointment that no-shows and/or cancels within 24 hours will automatically charge a \$50 per person fee to your account. Saturday appointments will incur a \$100 fee per person. These fees must be paid prior to scheduling another appointment. Same-day rescheduled appointments will charge a \$25 Fee. We respect our doctors' and team members' time as they are booked out

weeks to months ahead. Last-minute cancellations do not allow time to fill in other appointments. More than two no-shows could result in discharge from our practice.

Remake, Return and Refund Policy

We want you to love your Lakeshore Eyecare Center eyewear. If you are not entirely satisfied with your purchase, we are here to help.

Remakes - If you are unhappy with your frame or lenses, we are willing to exchange them for what will work better for you and only charge you any difference in the cost. We offer this service within 90 days of the receipt of the eyewear.

Returns - You may return eyewear within 60 days of the original purchase order date. To be eligible for a return, glasses must be in the same condition that you received them. Contact lenses must be in unopened, non-marked boxes. A restocking fee of \$100 for glasses and sunglasses will be assessed. The contact lens restocking fee is \$25.

Refunds - If your return is approved, we will initiate a refund through Yeo&Yeo Billing and Accounting. Refund checks are processed and mailed on a monthly basis. Your refund check will be less the restocking fee. Refunds cannot be credited to a credit card.

Medical Records Policy

If you are requesting paper copies of your record, there is a charge for personal use. There is no charge for copies sent directly to healthcare organizations and/or physician offices. Both state and federal law (HIPAA) permit healthcare organizations to charge a reasonable cost-based fee for reproducing records. Per HHS guidelines, Lakeshore Eyecare Center charges a flat fee of \$6.50 per patient for all requests, inclusive of all labor, supplies, and any applicable postage. For mailed requests, payment must be made prior to sending. For requests picked-up by the patient, payment is due at the time of pick-up.

Acknowledgement of "Abuse Free Zone"

Please respect our staff members! We are here to service you and deserve kindness and respect in return. It is our belief that our staff should have an environment free from verbal and physical abuse. Outbursts against our staff will not be tolerated and may result in your discharge from our practice.

Sometimes there is a wait. We run a busy office and do our best to make your wait minimal. Please be patient, we will give you the same time and devotion.

If we do not feel we can meet your needs, we will tell you. Please do not take offense, we have limits, and your satisfaction is important to us.

Financial Agreement

Please understand that payment of your bill is considered part of your treatment. Fees are payable when services are rendered. Lakeshore Eyecare Center is a medical eyecare practice. All medical diagnoses found, treated, and monitored by the doctors will be billed to your medical insurance.

Please be aware that medical service may go towards your deductible or generate a copay, even if this service is provided at a routine appointment. An example of this would include a routine visit, during which an acute problem is identified and treated. We are required to report these diagnoses to your insurance company and are prohibited from “adjusting” or “writing off” any charges generated, as this would be considered insurance fraud.

We will attempt to confirm your insurance coverage prior to your appointment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.

If we are a contracted provider with your insurance company, we will bill your insurance company first, less any copayment(s) or deductibles(s), and then bill you for any amount determined to be your responsibility. This process generally takes 45-60 days from the time the claim is received by the insurance company (not your date of service).

If we do not contract with your insurance company, you will be expected to pay for all services rendered at the end of your visit. We will provide you with a statement that you can submit to your insurance company for reimbursement.

Proof of payment is required for all patients. We will make copies of your insurance cards for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance company.

Lakeshore Eyecare Center insurance billing is contracted through Yeo&Yeo Medical Billing and Consulting. All insurance inquiries are to be directed to Yeo&Yeo via the contact information on your statement. In an effort to go green, statements will be sent via email and/or via text message from Yeo&Yeo Medical Billing.

I have read the above and understand and accept the terms of the Patient Responsibility and Financial Agreement. My signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

Signature of Patient / Responsible Party

Date

Name of Patient / Responsible Party (please print)

Relationship to Patient

