

## Hopewell – Lambertville Eye Associates Office Policies

At this time, we would like to clarify, as a courtesy to you, several office policies.

1. **Insurance Information:** All patients must present all current insurance, vision plan and referral information at the time of service. Our office can not change billing after the completion of the visit. Without the proper information, the patient is responsible for all services rendered.
2. **Personal Information:** Our office needs updated address, phone and insurance in order to process your benefits properly. This may not have been properly updated since you last visit.
3. **Email** information will only be used for recalls only.
4. **Routine vision exam coverage** by your vision plan or medical carrier.
  - a. **Routine vision care is considered very basic “screening” eye examinations (not comprehensive)** used to determine eyeglass prescriptions and basic health evaluation.
  - b. **Vision plan exams or wellness exams by medical carriers are considered routine - basic eye health examine and do not include specific – higher level testing for various ocular conditions. This would require a return visit billed to your medical insurance.**
  - c. **Additional testing** may require referrals from your primary care provider. If so, we will assist you in obtaining the referral needed.
  - d. **Contact lens evaluations are not part of a routine exam.**
  - e. **If you have coverage for a “routine vision exam” through your medical carrier as well as a vision plan, we are required to bill the medical carrier first with the appropriate patient copay. If the patient is covered only through a vision plan, then the vision plan will be billed with the appropriate patient co-pay.**
  - f. Please be advised, that “routine vision coverage” does not cover all services, such as contact lens evaluations, screening visual fields and corneal imaging if required. The doctor or staff will advise you if this is needed and the reason for the testing.
5. **Missed appointments** without notification: \$30 charge **Bounced checks:** \$30 charge
6. **Copays and outstanding charges** must be paid at time of service and prior to processing any orders.
7. **Cell phone use:** We ask that you turn off your cell phone or use your cell phone outside the office as a courtesy to others.

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**HOPEWELL  LAMBERTVILLE EYE ASSOCIATES OFFICE POLICIES**

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- 1. Insurance Information:** All patients must present all current insurance, vision plan and referral information at the time of service. Our office can not change billing after the completion of the visit. Without the proper information, the patient is responsible for all services rendered.
- 2. Personal Information:** Our office requires updated address, phone and insurance in order to process your benefits properly.
- 3. Email** information will only be used for recalls only.
- 4. Routine vision exam coverage** by your vision plan or medical carrier.
  - a. **Routine vision care is considered very basic eye examinations** to determine eyeglass prescriptions and basic health evaluation that may be covered by your vision plan or medical insurance carrier. It is not consider comprehensive coverage – but a “screening”.
  - b. **Vision plan exams or wellness exams by medical carriers are considered routine - basic eye health screenings and do not include specific – higher level testing for various ocular conditions. This would require a return visit billed to your medical insurance.**
  - c. **Additional testing** may require referrals from your primary care provider. If so, we will assist you in obtaining the referral needed.
  - d. Contact lens evaluations are not part of a routine exam.
  - e. **If you have coverage for a “routine vision exam” through your medical carrier as well as a vision plan, we are required to bill the medical carrier first with the appropriate patient copay. If the patient is covered only through a vision plan, then the vision plan will be billed with the appropriate patient co-pay.**
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