

Patient Name: _____

Insurance Information

Primary Insurance Company: _____ Insurance type: HMO PPO POS EPO Other _____

Primary Card Holder Name: _____ Relation to patient: _____

Primary Card Holder's SS#: _____ - _____ - _____ Primary Card Holder's Date of Birth: ____/____/____

Do you require a referral? Yes No If Yes, Did you bring your referral for today's visit? Yes No

Secondary Insurance Company: _____

Secondary Card Holder's Name: _____ Relation to patient: _____

Secondary Card Holder's SS# : _____ - _____ - _____ Secondary Card Holders Date of Birth: ____/____/____

Medical and Financial Authorizations (Please read carefully then sign at the bottom)

Financial Agreement and Assignment of Benefits

I authorize direct payment to assignee (LaserCare Eye Center and associated Physicians) for health insurance benefits otherwise payable to me. I request payment of authorized Medicare and Medigap benefits be made on my behalf to assignee for services furnished. I understand it is my responsibility to know my insurance coverage/limitations and I am ultimately responsible for all medical charges. If my insurance fails to pay a claim within 45 days or rejects a claim as "non-covered", a bill will be sent to me and I agree to pay the bill in 5 business days. Failure to pay will result in reporting to Credit Collection agencies and/or legal action. I understand it is my responsibility to pay any collection agency/late fees, or any deductible, co-payment or other outstanding balance not paid by my insurance company. I understand all charges must be paid at the end of each visit, except for charges covered by Insurance. I understand assignee does not accept Insurance or Medicare as payment for Refractions, Contact Lens exams/supplies, LASIK, PRK, Laser Cataract Surgery or Premium Cataract Surgery.

Consent for Release of Information

I authorize assignee to use and disclose my protected health information for the purposes of treatment, payment and other healthcare operations. I authorize holders of medical information about me to release it to the Health Care Financing Administration (HCFA), my health insurance company, my Medigap insurance company or their agents to determine these and related benefits payable. I have a right to review assignee's Notice of Privacy Practices, which details use of this information. I have a right to request assignee restrict use of this information. Such limitations may affect assignee's ability to process my insurance. I may revoke this consent in writing, except to the extent it has already been used.

Medical Treatment Consent

I authorize examination by the Physicians and staff of LaserCare Eye Center. I authorize performance of all procedures the judgment of Physicians/staff may deem necessary. I authorize administration of anesthetics and analgesics (including eye drops) which are deemed advisable. Should I elect to refuse a specific procedure, I agree to sign a release absolving assignee of liability related to my refusal. I understand if my eyes are dilated it may not be safe for me to drive.

Privacy Policy

At LaserCare Eye Center, we value the rights that our patients have to privacy. We abide by Privacy Standards outlined by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). We have a *Notice of Privacy Practices* that describes how medical information about you may be used and disclosed and how you can get access to this information.

CHECK THIS BOX TO INDICATE THAT YOU HAVE BEEN OFFERED A COPY OF OUR *Notice of Privacy Practices.*

General Acknowledgements

I understand that LaserCare Eye Center, P.A. is a Texas Corporation owned in part or wholly by Sidney Gicheru, M.D. I understand that some of the Physicians at LaserCare Eye Center are Independent contractors(**). I understand that Dr. Gicheru has ownership interest in area healthcare facilities (including Irving-Coppell Surgical Hospital). I have been given a copy of the LaserCare Eye Center Office Policies. I have read, understand and am agreeable with them. I understand that if I have any concerns, I should notify the front desk, who can direct me to an alternate facility. The above consents, acknowledgements, policies and assignments of benefits shall remain in effect until revoked by me in writing. A photocopy of the assignments shall be considered as valid as an original. I consent to the use of phone, mail and electronic communications for healthcare and other options. I understand communications may be automated and wireless charges may apply.

CHECK THIS BOX TO INDICATE THAT YOU HAVE BEEN OFFERED A COPY OF OUR *Office Policies.*

Signed _____ **Date:** _____

Please provide the receptionist with your driver's license and insurance card(s) to be copied for your chart.
We accept cash, checks, credit cards, Medicare, most PPO's and select HMO's.
HMO patients MUST have a valid referral from their primary care physician or pay for their visit out-of-pocket.
Thank you for choosing LaserCare Eye Center.



SIDNEY GICHERU, M.D.
KRISTINE NGUYEN-NGO, M.D.**
MICHAEL HARRIS, M.D.**
Board Certified in Ophthalmology

MARIA HUSAIN, M.D.
**Independent Contractor

Irving-Coppell location: 214 574-9600 Baylor Health Center @ Irving-Coppell
Southlake location: 817 481-2727 1910 E. State Hwy 114, Southlake TX 76092
Plano location: 469-331-8585 4708 Alliance Blvd. , Ste 620 Plano, TX 75093

WELCOME to LaserCare Eye Center

Thank you for choosing the Doctors at LaserCare Eye Center, P.A. Our goal is to provide our patients with the best Surgery, the latest in Eye Technology and Excellence in Eyecare. This sheet will explain our policies and services.

OUR DOCTORS

We provide the important O's of Eyecare all under one roof: Ophthalmology and Opticianry.

- Our 4 Doctors (Doctors Gicheru, Nguyen-Ngo, Husain and Harris) provide Comprehensive Eye exams and perform surgery.
- We specialize in LASIK, Advanced Cataract surgery (with Crystalens, ReSTOR and TORIC lens implants) and BIOPTICS (the combination of Cataract surgery and LASIK).
- Contact lens exams are provided by Drs. Husain, Harris and Nguyen-Ngo.
- Tami Nguyen is our ABO Certified Optician. She manages our Optical Shops in Irving and Southlake.

EYECARE SERVICES PROVIDED

Adult and Pediatric Comprehensive Eye Exams
Contact Lenses Exams
LASIK and PRK Surgery
Diabetic Eyecare and Laser treatments.
Full service Optical Shop

Laser Cataract Surgery with the Lensx System
Advanced Lens surgery (ReSTOR, TORIC and Crystalens.)
Glaucoma Eyecare and Laser
Eyelid Surgery (Blepharoplasty, Eyelid lifts)
Laser Surgery of the Eye

LASIK and Advanced Cataract Surgery with ReSTOR, Crystalens and Toric Lens implants.

- Unlike most practices in the area, we have our own in-house Lasers for LASIK.
- LASIK and Advanced Lens replacement surgeries are wonderful procedures for patients wanting to reduce their dependence on glasses. We offer free LASIK, ReSTOR, TORIC and Crystalens evaluations to those interested in the procedures.
- We offer competitive pricing for both procedures. Financing is also available. Please ask our Surgical coordinator for details.

OFFICE POLICIES

MEDICAL AND SURGICAL POLICIES

- Office hours: Monday to Thursday: 8:00 to 5:00 pm. and Friday: 8:00 am to 4 pm. Closed 12 noon to 1p.m. for lunch.
- **ALL NEW PATIENTS** will receive a Comprehensive Dilated Exam on their 1st visit. This allows a detailed examination of the eye (from front to back). Dilation may temporarily cause light sensitivity and/or blurring of your vision, which may last up to several hours. If you are uncomfortable driving, please arrange for a ride following your appointment.
- A \$45 fee is charged for Refraction. Refraction is the test to determine the strength of your glasses prescription and tells the doctor how well your eyes are working. Refractions expire after 1 year. We will perform a refraction at least once year, anytime there is a significant change in vision or anytime at your request. Insurance plans do NOT consider Refraction a COVERED service. Payment for Refraction is required at the time of service.

General Office Policies

- A valid Insurance card and a US or Military photo ID (preferably a drivers license) is required to use Insurance benefits.
- To reduce the risk of Identity theft and medical errors, we require a photograph of all patients for the medical record.
- Please arrive 15 minutes before the appointment arrival time. Your appointment will be rescheduled if 15 minutes late.
- Payment including Copay, Coinsurance and Deductible is required at the time of service. For your convenience, we accept cash, in-state personal checks, MasterCard, Visa and American Express. We also accept most insurance plans.
- It is the patient's responsibility to know the terms of their insurance and to obtain necessary referrals. If an adequate referral, insurance information or valid identification is not provided, the patient will be financially responsible for the visit.
- Please provide at least 48 hours notice to cancel or reschedule office appointments. There is a \$50 fee for missed appointments. Patients with more than 3 missed appointments will be dismissed from our practice.
- A \$30.00 fee is charged for returned checks.
- There is a minimum \$25 fee for FMLA, Drivers license vision form, Medical record requests/releases and other paperwork.
- Communication policy: As a patient, we assume that you consent to our office's use of phone, mail and/or electronic communications (such as text and email) for healthcare and other services. Understand communications may be automated and wireless charges may apply. Patients may opt-out of certain modes of communication, but a \$100 per year fee will apply.

Emergencies

- Our doctors are on call for our Established patients 24 hours a day and 7 days a week.
- There is a \$30 fee for each After-hours phone call and a \$100 fee for each After-hours office visit.
- Emergency patients are seen after regularly scheduled patients are seen and should expect a wait time.
- Emergency patients will only receive a focused exam. Glasses or contact lenses exams are scheduled at a later date.

Refills

- Refills (for medication and contact lens/glasses) are handled during office hours. There is a fee for all after-hours calls.
- A \$10 fee is charged to reprocess lost Glasses and Contact lens prescriptions.

Email and Text Policies

- Email will be used primarily for use to access the Lasercare Eye Center Patient Portal.
- Email and texting may be used for appointment reminders
- Email may be used for Lasercare Eye Center promotional emails
- Email and cell phone numbers will not be given to third parties for marketing use.

OPTICAL AND CONTACT LENS POLICIES

Vision Insurance and Discount Plans

- We offer competitive pricing for Glasses and Contact lenses. To do so, we no longer accept Vision Insurance or Discount plans in our Optical or Contact Lens Departments.

Optical Shop and Dispensary

- Our full-service Optical shop carries a large selection of frames. Most glasses can be made in less than 1 hour as we have an in-house Optical lab.
- Our Optical Shop will accept glasses prescriptions from other eye doctor's offices.
- If you are seen exclusively to purchase eyewear, please understand you are solely an Optical customer and not a patient.

Contact Lens Dispensary

- All your contact lens needs are covered by our full-service Contact Lens dispensary. A wide range of soft and gas permeable lens is carried. Your lenses can be shipped to your home for a \$11.95 shipping fee.



LaserCare Eye Center

Office Policies