

Thank you for choosing Conestoga Eye for your complete eye care.

Dr. Silbert and the Conestoga Eye team value the trust and responsibility you place in us, and we look forward to establishing a long- term relationship with you and your family.

#### Consent to Treatment & Release of Medical Information

By Signing the below, I consent to examination and treatment with Conestoga Eye PC. I authorize the release of any medical information necessary to process insurance claims, and the release of information back to my physician.

#### Medicare Patients

I request that payment of authorized Medicare benefits be made either to me on my behalf to this office for any services furnished by that physician to me. I authorize any holder of medical information about me to be released to the Center for Medicare and Medicaid Services and its agents to release any information needed to determine these benefits payable for related services. If Medicare denies payment, I agree to be personally and full responsible for payment.

#### Consent to Dilate

Dilating drops are used to enlarge the pupils of the eyes which allows the ophthalmologist or optometrist to view the health of your eye. Dilating drops are also used to for special testing, such as cycloplegic refractions.

The side affects of dilating drops can include blurry vision, light sensitivity, and trouble reading. These symptoms usually wear off in 4-48 hours depending on the strength of the drops and the individual patient. The drops can cause driving to be difficult. If you are not sure how the drops will affect you we suggest you bring a driver to take you home after your appointment.

On rare occasion patients may have a more severe adverse reaction to the drops, such as acute angle-closure glaucoma. This is rare and can be treated with immediate medical attention. Some patients may also experience facial flushing or change in mood.

I authorize Conestoga Eye (the doctor or assistant as may be designated by the doctor) to administer the dilating drops. The drops are necessary for a full comprehensive eye exam.

#### Financial Policy Statement

##### Registration and Financial Information

To process a claim on your behalf, it is important for you to provide your complete health care insurance coverage information, your employment information, and your guarantor (another individual responsible) information. It is our policy to update and/ or confirm the accuracy of this information at each office visit.

It is also your responsibility to inform us in a timely manner of any changes with your health care insurance. If an insurance company denies payment of a claim for incomplete or inaccurate information, it will then be your responsibility to make payment in full. If your insurance requires a referral form or prior authorization, it is your responsibility to obtain this form from your primary care physician prior to your appointment.

#### Payment at the Time of Service

Your insurance company will be billed for services rendered; however, please be prepared to pay any co-payments and non-covered services, including deductible charges, at the time of your visit. If you cannot pay your co-payment, we will reschedule your appointment to later in the day or to another day. All previous outstanding patient balances will be collected at the beginning of your visit unless other arrangements have been made.

#### Credit Cards

Conestoga Eye accepts Visa, MasterCard, American Express, and Discover. We offer the option to authorize payment of balances due after insurance payment is received. Please contact our office in advance to request this option. You may also pay your bill online at [conestogaeye.com](http://conestogaeye.com).

#### Self-Pay Patients

We offer a reasonable discount for our cash-paying patients. Cash-paying patients are asked to speak to our office at 717-541- 9700 for an estimate of what will be due at the time of service.

#### Payment Plans

Please contact the office at 717-541-9700 to discuss establishing a payment plan for large balances. The office will arrange for monthly payments or authorized automatic credit card transactions until the balance is paid in full.

#### Insurances, Health Plans, and Medical Benefit Programs

Conestoga Eye participates with many insurance companies. Contact your insurance company to inquire if we participate with them. A customer service number can be found on your insurance card. If we are non-participating, you can find out if you are authorized to receive care from an "out of network provider" and if any additional costs will be incurred. For a full list of insurances accepted by Conestoga Eye, visit [conestogaeye.com](http://conestogaeye.com).

#### Additional Charges, Fees, and Appointment Policies

There will be a \$25 fee assessment for all checks returned unpaid by your bank.

Completion of disability forms and employer forms are not a medical service and are not paid by insurance companies. There is a \$25 fee for completion of these forms.

There is a fee for copying medical records based on guidelines established by the Commonwealth of PA. A legal release is required.

Patients who cancel appointments with less than 24 hours notice OR no show for an appointment will be charged a \$50 cancellation/no show fee. Patients who cancel 3 appointments or more OR no show for 2 appointments with our office, may be subject to discharge.

Patients are only able to reschedule an appointment 3 times with our office. Adults who reschedule more than 3 times may be subject to discharge from our office. Pediatric patients who have appointments rescheduled 3 times and must reschedule again, will only be given the option to reschedule at our KinderSee clinic. Should the patient cancel or no show the appointment at the KinderSee clinic, they will be subject to discharge.

If your account is not paid within 60 days, the account may be turned over to a collection agency. Collection and/or legal fees will be added to the balance of your account.

#### Lab/Hospital Charges

Any service provided by a lab, outpatient surgery center, or hospital is a contract between you and that lab, surgery center, or hospital. Any billing dispute is not the responsibility of our practice. It is your responsibility to know which procedures or services your insurance company will or will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

Thank you for choosing Conestoga Eye for your healthcare needs. Our mission is to provide you and your family with unparalleled eye care in a caring environment. If you have any questions about this information, please feel free to contact us by phone at (717) 541-9700 or by email with [eyes@conestogaeye.com](mailto:eyes@conestogaeye.com).