

# TOPPINO EYE CARE

## Office Guidelines

Welcome to Toppino Eye Care. In order for us to be able to deliver the quality of care that you expect and deserve, we have established the following guidelines.

\*\*\*Initial where indicated—at end of following paragraphs

**APPOINTMENTS:** We ask that you be prompt and at least 15 minutes early for your first appointment, so we can do the necessary data entry before you are seen by the physician. Our services are by appointment only.

\* \_\_\_\_\_ initial

**NO SHOW FEE:** Your appointment represents valuable time for both you, the doctor, and other patients waiting for an appointment; we require that you notify us at least 24 business hours in advance of a cancellation or change. A fee of \$100.00 will be billed to you if you fail to keep your appointment or do not give the necessary 24 business hour notice.

\* \_\_\_\_\_ initial

**PRESCRIPTIONS:** We require 48 hours notice to process a prescription refill. Friday prescription requests will be processed on the following Monday/Tuesday. You can call our prescription mailbox at (352)243-8704, ext 107 to leave your request. We cannot fill medications if you do not keep your regularly scheduled appointments.

Because we are generally with patients, our technicians are often not able to respond immediately to telephone calls. A message line is provided to make sure the technicians receive your call. Calls are returned after the last patient has been seen in both the morning (around 11:30) and afternoon (around 4:30). If you are having an emergency you can press 1 for the appointment desk or hang up and dial 911.

\* \_\_\_\_\_ initial

**INSURANCE BILLING:** All copays or deductible amounts your insurance dictates to be your responsibility will be due on the day of your visit.

\* \_\_\_\_\_ initial

**MISC:** (This list may not be inclusive and not limited to): Copies of medical records, filling out forms and letters, overdue accounts that have to be turned over to collections, or if we have to refile a claim due to incorrect insurance information given to us, these will incur additional fees, and are posted at front desk

\* \_\_\_\_\_ initial

Please sign that you have read and understand this entire document.

\* \_\_\_\_\_

Patient Signature

\* \_\_\_\_\_

date

**Toppino Eyecare**  
Mayssa A. Toppino, M.D.  
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1804 Oakley Seaver Dr, Ste B  
(352)243-8704  
(352)243-8705 -fax

Dear Patient:

We want to welcome you to our practice!

Enclosed you will find several forms to assist us in your evaluation. Please take the time to fill these forms out PRIOR to your appointment with us. It is important to bring all this information along with any other records you feel are necessary for your visit with us.

**HMO INSURANCES:** If your insurance requires a prior authorization for a specialist, please call your primary care physician's office and tell them you need a referral for your visit with us, so they can fax it to us prior to your appointment. For subsequent visits, we will be happy to request the necessary authorizations for you, as you will be an established patient and we will have the necessary documentation to obtain it.

\*\*\*\*To get the most out of your visit with us, please follow the instructions below\*\*\*\*

**DAY OF VISIT--YOU NEED TO BRING:**

- These forms
- ALL insurance cards and your drivers license or State ID
- All glasses that you wear-(Even if you wear contact lenses)  
\*\*\*IF YOU WEAR CONTACT LENSES, you need to also--
  - WEAR your contact lenses to your visit with us
  - Bring the box the contact lenses came in, that reflects the prescription--- OR--- bring a copy of your contact lens prescription

We look forward to serving you and your family.