

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 the 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 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 8117 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 available at the front desk.

* _____ initial

* _____
Patient Signature

* _____
Date