



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 or Contact Lens exams/supplies.

**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 in reliance of my consent.

**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.

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.



## WELCOME to LaserCare Eye Center

Thank you for choosing LaserCare Eye Center.P.A. Our practice specializes in providing Excellence in Eyecare. We take pride in providing the greatest medical care and the latest technology to our patients. For your convenience, we have two offices located in Las Colinas (our primary office) and Grapevine. This sheet will be helpful in providing a better understanding of our policies and services:

LaserCare Eye Center is unique in being one of the first practices in the area to provide two important O's of Eyecare: Ophthalmology and Opticianry. Put simply, we have the specialists to provide all your Eyecare needs under one roof:

Sidney Gicheru, M.D., Kristine H. Nguyen-Ngo, M.D. and Charles R. Norman, M.D. are Board-Certified Ophthalmologists (Medical Doctors), who provide Comprehensive Medical and Surgical Care of the Eye.

- Dr. Gicheru specializes in Surgical Eyecare including LASIK, ReSTOR lens replacement and Cataract surgeries.
- Contact lens exams are provided by Dr. Nguyen-Ngo and Dr. Norman, who also provide Comprehensive eyecare.
- We have a Certified Optician, who manages our full-service Optical Lab.

### EYECARE SERVICES PROVIDED

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

Cataract and ReSTOR lens Surgery  
Glaucoma Eyecare  
Eyelid Surgery (Blepharoplasty, etc)  
Laser Surgery of the Eye

### OFFICE POLICIES

#### MEDICAL AND SURGICAL POLICIES

##### *Examinations*

- On your initial visit, a Comprehensive Dilated Exam will be performed on all new patients to allow 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 with your eyes dilated, please arrange for a ride following your appointment.
- A \$30 fee is charged for Refraction. Refraction is usually optional and is the process of determining the strength of your glasses prescriptions. Medicare, Secure Horizons and some Private Insurance plans do NOT consider Refraction a COVERED service. For Medicare, Secure Horizons and Cash patients, payment for Refraction is required at the time of service. For Private Insurance, we will bill your insurance. Should the Private insurance fail to pay completely for the refraction, you will be financially responsible for the uncovered portion.

##### *General Office Policies*

- Office hours: Monday to Friday: 8:00 to 5:00 pm. We close from 12 noon to 1p.m. for lunch.
- It is our office policy to obtain a copy of your insurance card and a photo ID (preferably a drivers license).
- Please be courteous in your appointment arrival time. Patients more than 15 minutes late for an appointment may be asked to reschedule or wait for the next available appointment slot.
- Payment is required at the time of service. For your convenience, we accept cash, in-state personal checks, MasterCard, Visa, Discover and American Express. We also accept most insurance plans.
- It is the patient's responsibility to know the terms of their insurance. If a referral is required by insurance, the patient is responsible for obtaining a referral from their primary care physician prior to seeing our specialists. If an adequate referral, insurance information or identification is not provided, the patient will be financially responsible for the visit.
- Please provide at least 24 hours notice to cancel or reschedule office appointments and 48 hours notice to cancel or reschedule surgical or minor procedure appointments. If adequate notice is not given, a fee may be charged.
- Non-emergency phone calls (medication refills, contact lens prescriptions, etc) should be made during office hours.

##### *Emergencies*

- A doctors are on call for our patients 24 hours a day and 7 days a week. If you must be seen emergently, please call as early in the day as possible. After-hours office visits will incur an additional after-hours fee payable by the patient.
- An effort is made to see Emergency patients on a timely basis. However, priority is given to regularly appointed patients. Scheduled patients should be aware that some emergency patients warrant immediate attention and this may cause delays.
- Emergency patients will only receive a focused exam. Glasses or contact lenses exams are scheduled later.

##### *LASIK and ReSTOR Surgery*

- LASIK and ReSTOR lens replacement surgeries are wonderful procedures for patients wanting to reduce their dependence on glasses. We offer free LASIK and ReSTOR evaluations to those interested in the procedures.
- We offer competitive pricing for both procedures. Financing is also available. Please ask for details.

## **OPTICAL AND CONTACT LENS POLICIES**

### ***Vision Insurance and Discount Plans***

- We are now accepting select Vision Insurance and Discount plans in our Optical and Contact Lens Departments.
- We also accept Vision Insurance for certain Routine eye examinations.

### ***Optical Shop and Dispensary***

- We have a full-service Optical Shop. We carry a large selection of frames. We have an in-house Optical Lab in our Irving office and, in most cases, your glasses can be made in less than 1 hour.
- Our Optical Shop will accept glasses prescriptions from other eye doctor's offices.
- If you are being seen exclusively to purchase eyewear, please understand that we consider you solely an Optical customer and not as a patient. The information under "Medical and Surgical Policies" does not apply.

### ***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 \$5.95 shipping fee.
- Our full-service Optical shop carries a large selection of frames. Most glasses can be made in less than 1 hour as we have a in-house Optical lab.

# **LaserCare Eye Center**

## **Office Policies**