



## PATIENT-DOCTOR CONTRACT

Welcome to McConkey Eye Care! In order to provide you with the best experience and care possible, we would like to start off with an agreement of mutual respect and transparency. We hold our staff to the highest standards and expect them to be courteous and professional throughout their service to you. In return, we would like to ask that you follow a few simple guidelines:

- 1. Punctuality.** We will try our best to keep our clinic running efficiently and on-time, however, we can better serve you in a timely manner if you arrive early or on time. For the benefit of our staff and patients, any patient who arrives 10 minutes or later after their scheduled appointment will be asked to reschedule. We will do our best to accommodate extenuating circumstances on a case-by-case basis.
- 2. No-Shows and Cancellations.** Any appointment that is no-showed or cancelled within 24 hours is subject to a \$50 now show fee. Please understand that if we are unable to fill the appointment slot, leads to a loss of revenue to pay our bills and employees.
- 3. Payment.** Payments are due at time of service. This includes providing accurate and valid insurance information, referrals, and a valid credit card to be held securely on file. Once your visit is billed to your insurance, you will be informed of your balance via electronic communication. If we do not receive a response from you in ten days, your card will be charged.
- 4. Respect.** While we will always do our best to reduce miscommunications, mistakes do happen. We ask that if you experience service that is less than perfect from our staff, that you speak with management or Dr. McConkey calmly. Please do not raise your voice at our staff. Any cursing or threatening behaviors may lead to termination as a patient from our practice.
- 5. Salutations.** At McConkey Eye Care, we believe everyone deserves to feel comfortable. If you have a preferred name other than your legal name, please let us know, as we want you to feel at home. We request that you address our doctor(s) by his/her title followed by last name and staff by their first name.
- 6. Forms.** All forms to be filled out by our staff are subject to a \$10 processing fee. This includes MVA, school, disability, and medical necessity letters/forms and any other similar documentation. Return to work/school letters and TSA letters for scleral lens and dry eye patients are available at no additional charge.
- 7. Refraction.** A refraction is the process of determining your best corrected vision and if there is a need for corrective eyeglasses. It is an essential part of the eye exam. A refraction is NOT a covered service by Medicare or most medical insurance plans. These plans consider a refraction a "vision" service not a "medical" service. Our office fee for a refraction is \$35.00 and this fee is collected at the time of service.

8. **Telehealth.** Communication outside of the exam room (phone calls and email requiring staff and doctor time) are subject to be billed to your insurance company as a Telehealth visit. You will be informed prior to this occurrence and your consent will be required to proceed. This does not apply to calls about medication refills, scheduling, any other inquiries considered routine communication.

9. **HIPAA Compliance.** We will always go above and beyond to protect your personal information. Please note, our emails ending in @mcconkeyeyecare.com are HIPAA compliant, as are our patient portal and electronic patient intake forms.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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