



## Welcome to Munster Eye Care Associates, P.C.

Dear Patient,

The physicians and the staff of Munster Eye Care Associates, P.C. would like to welcome you to our office. We appreciate the confidence that you have placed in us and we want to thank you for choosing our office for your ophthalmic care. Our goal is to provide you with the highest quality and personalized surgical, medical and vision care. Our specially trained staff is here to provide you with courteous, prompt and individualized care. Our expected wait time is up to 1 hour. We would like to take this opportunity to introduce you to some of our policies and procedures.

**Registration:** Enclosed is a patient registration form, a green patient history form, and a vision lifestyle questionnaire. In order to facilitate the registration process, please fill out all forms completely and bring them to our office on the day of your appointment. Please arrive 15 minutes prior to your scheduled appointment. We also require that you bring a photo identification card along with your most current health/vision insurance cards. If you have an insurance plan that requires a referral from your primary care doctor, please make arrangements to either bring the referral in on the day of your appointment or have the referral sent via fax or mailed to our office prior to your appointment date, otherwise you may be asked to reschedule your appointment.

**Payment:** Patients are required to pay "patient responsibilities" at the time of service, including but not limited to, any applicable co-payments, co-insurance and non-covered services based on benefit limitation. Any applicable fees that are due, but not paid are subject to a \$20 administrative fee. Refractions fees of \$30 are payable at the time of service unless covered under your vision plan or a payable benefit under your medical plan. Please be aware that refractions are separately billable from your medical exam to your participating vision carrier however, this will exhaust your vision exam benefits for the plan year. We require payment in full on all eyeglass and contact lens orders or as otherwise required by your insurance carrier.

Contact Lens fitting fees are payable at the time of service. Patients that are first time contact lens wearers are required to pay a fitting fee of \$50.00, established contact lens wearers or patients that may need to be refitted are required to pay a fee of \$25.00, patients who are fit with monovision or multifocal contact lenses are required to pay a fitting fee of \$75.00, patients that require a complex fitting such as those with a high astigmatism, keratoconus, or other corneal conditions are required to pay a fitting fee of \$100.00.

**Medical Records:** If you are being referred to our office or transferring your care, you may wish to have these records forwarded to our office prior to your visit. Especially, reports of any tests pertinent to your treatment. Please bring a current list of your medications.

**Cancellation Policy:** Our office has reserved this time for you. In the case of an emergency or unavailability please give us 24 hour notice if you need to cancel or reschedule your appointment so we may offer this time to another patient. There will be a \$20.00 charge for patients who do not give a 24 hour notice. Appointments are taken according to your appointment time. Patients that are more than 30 minutes late for their appointment will be asked to reschedule.

**Minors:** All minors must be accompanied by a parent or legal guardian unless other arrangements are made in advance with our office. Proof of legal guardianship must be presented.

**Reminder, please bring the following with you on the day of your appointment as it applies:** patient registration form • green patient history form • vision lifestyle questionnaire • photo identification • health/vision insurance cards • insurance referral • patient payment responsibilities (co-payment, etc.) • current contact lenses including manufacturer and measurements (contact lenses should be worn on the day of your appointment unless otherwise directed) • current eyeglasses • current list of your medications • medical records • consent for minor treatment form • we recommend that you bring a driver since all new patients are dilated and your eyes will be sensitive to light

Once again, we welcome you and your family as patients and hope your experience here is a pleasant one. Please feel free to contact our office with any questions or suggestions you may have at (219) 922-6226.

**Hours of Operation:**

Monday, Tuesday, Wednesday, Friday 8:00am – 5:00pm

Thursday – 8:00am – 12:00pm

Saturdays 8:00am – 12:00pm, by appointment only

Visit our Website-[www.munstereyecare.com](http://www.munstereyecare.com)

**Thank you for choosing Munster Eye Care Associates, P.C. for your eye care needs.**