



# JOHN-KENYON

American EYE Institute

*To better serve our patients, we want to provide you with a list of our office policies.*

- We specialize in eye disease and eye surgery – we do not prescribe eyeglasses or contacts. We believe that this is best left to your optometrist.
- Insurance co-payments and other amounts that may be due on your account are due at the time of service. If you are not prepared to pay the amount due, you may be asked to reschedule.
- We require that you bring your current insurance cards with you to each visit. If you do not have your card, you may be asked to reschedule.
- If you must cancel an appointment, please do so at least 24 hours in advance so that we can accommodate another patient.
- Please arrive as close to your scheduled appointment time as possible. Some patients arrive early and we are not able to accommodate them.
- Please allow at least 3 business days for processing all referral requests.
- Please contact your pharmacy during normal business hours for all prescription refills and allow at least 2 business days for your request to be processed. There will be a \$25 fee for prescription refills after hours.
- Returned check fee is \$25.
- Forms requiring more than a doctor's signature such as short-term disability forms, will take 7 business days to process and there will be a \$20 charge. This does not include work excuses or customary paperwork associated with an office visit.
- Our doctors are available outside of office hours via the after hours phone service. Please limit such contact to urgent matters such as acute illnesses or injuries. Do not page the doctor for routine medication refills or non urgent questions. If you have an emergency and are not able to reach the doctor, please go to the emergency room.
- During many of your eye exams it will be necessary to dilate your pupils. As a result of dilation, you may be sensitive to light and have slightly blurred vision for several hours. Some patients feel uncomfortable driving with their pupils dilated. If you don't feel comfortable driving after dilation, please make arrangements for someone to drive you home from the clinic.

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**I have read and understand the above policies for the John-Kenyon American Eye Institute.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_