



WOLFEBORO EYE ASSOCIATES

Wolfeboro Shopping Center • 36 Center St, Suite 5 • PO Box 1196 • Wolfeboro Falls, NH
03896 • (603) 569-8500

By signing this consent, I agree to the following financial and appointment policies:

Financial policy:

Co-payments and self pay balances are due at the time of service. Please check with your health insurance carrier before services are rendered to verify that your insurance covers the services that you are receiving and that our office participates with your insurance carrier. If your insurance carrier requires a referral for you to be seen in our practice we ask that you come prepared with the appropriate referral.

Please understand that we must stay within the guidelines in the referral when providing your care.

Any account with open balances over 120 days will be forwarded to collections and a \$50 fee will be added to the balance.

There will be a \$40 fee for checks returned for non-sufficient funds (NSF.)

We accept cash, checks, Visa, Mastercard, Discover, American Express, and Care Credit.

Off Schedule/Acute/Emergency Visit Fees: At the doctor's discretion, a \$90 fee may be added to any appointments that are needed for acute or emergency issues. This fee is due at the time of service.

Appointment Policies:

You will receive a phone and/or text reminder within 7 days of your upcoming appointment and another a few days in advance if you have not already confirmed. Please confirm your appointment or call us to reschedule. Appointments not confirmed within 48 hours of scheduled time are subject to cancellation by our staff.

Please bring your medical insurance cards with you to your appointment.

Please arrive 15 minutes early to your appointment. At each visit, we will need to scan your insurance cards, verify your contact information is current, review changes to your medical history and take several measurements of your eyes before you will see the optometrist.

Late arrivals will be required to reschedule.

You will be charged a fee of \$50 if you fail to attend your scheduled appointment or cancel your appointment within 24 hours of your scheduled appointment time.

Additionally, if you do not confirm with at least 24 hours prior to your appointment, we reserve the right to cancel the appointment.

We will schedule your next eye exam with you when you are checking out. If you do not wish to have your appointment pre-booked, please call well in advance to schedule an eye exam. Our average wait time is 6 months for future routine appointments.

Patient's name

Date