

Conditions for Treatment

The Doctor-Patient relationship is based on mutual trust and expectations; it is critical to continuity of care, patient satisfactions, and optimum treatment results. It is the expectation of Access Eye that you will:

- Disclose all pertinent information regarding health conditions including any changes since the last visit, allergies, and all medications: including prescribed, over the counter, and homeopathic.
- Follow all provider recommendations, including: specialty referrals, physical therapy, and other treatment modalities.
- Appear for all regularly scheduled appointments on time and notify us no less than 24 hours prior to your clinic appointment, or 5 business days prior to a surgical appointment if you are unable to make it.
- Pay all co-pays and deductibles prior to being seen by your provider.
- Comply with our prescription refill policy, which is detailed below.

Prescription Refill Policy

It is the patient's responsibility to notify the office in a timely manner when refills are necessary. Approval of your refill may take up to three (3) business days, so please do not wait to call. If you use a mail order pharmacy, please contact us fourteen (14) days before your medication is due to run out. Please also be aware that:

- Medication refills will only be addressed during regular business hours (Monday - Friday 8:00 am – 5:30 pm). Please notify your provider on the next business day if you find yourself out of medication after hours. No prescriptions will be refilled on Saturday, Sunday, or Holidays.
- Prescription refills require close monitoring by your provider to ensure its safety and effectiveness. Your provider will prescribe the appropriate number of prescription refills to last until your next appointment. Generally, when you are down to zero refills, it is time to schedule a follow up appointment. We prefer you request any refills of your medication at the beginning of your office visit.
- Patients requesting new prescriptions **must** be seen for an appointment. They are not prescribed over the phone because it generally requires an office visit.
- Refills can only be authorized on medications prescribed by providers from our office. We will not refill medications prescribed by other providers.
- Some medications require prior authorization. Depending on your insurance, this process may involve several steps by both your pharmacy and your provider. The providers and pharmacies are familiar with this process and will handle the prior authorization as quickly as possible. Only your pharmacy is notified of the approval status. Neither the pharmacy nor the provider can guarantee that your insurance will approve the medication. Please check with your pharmacy or your insurance company for more information.

Prescription refill Policy (continued)

- It is important to keep your scheduled appointment to ensure that you receive timely medication refills. Repeat no shows or cancellations will result in a denial of refills and termination of care for non-compliance.
- If you have any questions regarding medications, please discuss these during your appointment. If for any reason, you feel your medication needs to be adjusted or changed, please contact us immediately.
- We reserve the right to charge an administrative fee if there are multiple requests for prescriptions requested outside of a visit.
- We will make every attempt to address urgent issues within the same business day for our established patients. However, if there are no appointments available, we will direct patients to the nearest Emergency Room or assist with an appointment with the on-call physician when the situation warrants.

Additionally, all patients and their guests are at all times expected to maintain proper decorum towards providers, staff, other patients, visitors, as well as vendors. By signing below, you agree to these terms and conditions; understanding that failure to comply may be grounds for dismissal from care at Access Eye.

By typing your name electronically on this form you are agreeing that your electronic signature is the legal equivalent of your manual signature.

Patient Signature: _____ Date of Birth: _____

Date of Signature: _____

Check this box for visually impaired patients or a patient who has just received drops. I acknowledge this form was read aloud to me by the person(s) named below:
