

RAYNER EYE CLINIC, LLC

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(662) 349-5901

Dear Patient:

We appreciate your choosing Rayner Eye Clinic to take care of your eye care needs. Our doctors and staff will do everything in their power to make this as pleasant an experience as possible. We are committed to your eye care needs. If you have questions, please ask our staff and someone will assist you. Our policies are as follows:

OFFICE HOURS: Our office hours are 7:30 a.m. to 5:00 p.m. Monday through Thursday and on Friday from 7:30 a.m. to 4:00 p.m. Any emergencies are handled through our answering service, which will page the doctor on call. You can reach our office 234-6551 or the answering service 24 hours a day, 7 days a week. Please also use this number to cancel an appointment if you cannot come in. We would appreciate a 24 hour notice of a cancellation.

RELEASE OF MEDICAL RECORDS: In order to protect your privacy, we require an authorized signature from you to release records to anyone. If an attorney is involved, the attorney will need to obtain a notarized signature and the attorney's office will need to request the release of your medical records.

INSURANCE: If you have insurance coverage, please know that your coverage is an agreement between you and your insurance company. We do our part to take care of your medical needs, but you are responsible for your insurance company doing their part. Insurance is frustrating and sometimes very hard to understand. We, however, cannot know about all the individual policies available and what yours does or does not pay. In essence, you are responsible for your bill. We will give the insurance company 60 days to respond and we will bill them the second time, but after that it will be between you and your company.

If you have insurance which requires you to have a referral from another physician, that is your responsibility. If you do not have a referral, you will be expected to pay for your visit if you did not go through your PCN. It is your responsibility to contact your insurance company to see if any medical or surgical procedure requires precertification.

REFRACTION AND EXAMINATION: When vision is not normal a refraction must be done to determine whether glasses can improve vision or if the reduced vision is a result of disease. A complete exam always includes a refraction, which is not covered by most insurance. Medicare does not pay for refractions. You will be responsible to pay on the day of service.

CONTACT LENS: An eye glass prescription is not the same as a contact lens prescription. New wearers require fitting and follow up visit for which there will be a charge depending on the type contact fit; likewise, patients who have never been fitted with contacts at our clinic require a follow up visit. These charges also cover a care kit and trial pair of contact lens. Trial contacts are not available in gas permeable lens.

FINANCIAL AGREEMENT: I fully understand that I am ultimately responsible for any and all charges associated with my account. If I fail to pay any amount due, I will also be responsible for all collection fees, court costs, attorney fees, and any other charges incurred in the collection of the balance due. I also understand that my account with this provider and its doctors is considered an open account. If you have an overdue balance, payment must be made or a payment arrangement made before your visit. We do accept major credit cards.

Patient's Signature _____ Date: _____

I hereby assign, transfer, and turn over to Rayner Eye Clinic all of my rights, title, and interest to medical reimbursement benefits under insurance policy. I authorize the release of any medical information needed to determine these benefits. The authorization shall remain valid until written notice is given by me revoking said authorization. I understand that I am financially responsible for all charges whether or not they are covered by insurance.