



Infocus Eyecare

320 Daniel Webster Hwy * Belmont, NH 03220

P: 603-527-2035 | F: 603-528-2021

COVID-19

During the COVID-19 Pandemic, InFocus Eyecare has made adjustments to our operations and policies in an effort to keep our valued patients and staff healthy. Please review the attached Patient Policy and provide us with your verbal consent upon check in. If you would like a printed copy of these patient policies, please notify us and we will make it available for you. These policies may also be found on our website at www.infocuseyecarenh.com

The following policies have been implemented to minimize the spread of COVID-19,

- When scheduling an appointment, you will be asked a series of COVID-19 screening questions. You will be asked these same questions again at the time of your appointment.
- Upon arrival, please call our office at 603-527-2035 x2. The check-in process will be completed over the phone. We will have you wait in your vehicle until we are ready to start your exam. You will be notified by phone call when you can enter the building.
- Effective May 01, 2020 - anyone who enters the building for services from InFocus Eyecare or American Eyecare will be required to wear a face mask.
- When you enter the building, we will ask you to sanitize your hands and then a temperature screening will be conducted.
- Staff members and Doctors will also be wearing masks and screened daily.
- During this time, our waiting room is closed unless special accommodations are required. We will no longer offer toys or magazines as these surfaces are difficult to sanitize.
- Appointments will be managed to allow social distancing between patients and permit the office staff to sanitize rooms. Due to modifications to our schedules, you may notice fewer available appointment times.
- Pure & Clean is our trusted product for disinfecting surfaces throughout the day. This product is totally non-toxic but still has the power to kill with one wipe.
- We ask that only the patient and immediate caregiver enter the office to minimize traffic within the building.

We appreciate your patience and understanding while we work through these difficult times. Thank you for continuing to trust InFocus Eyecare with all of your eye care needs. We can't wait to see you!



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InFocus Eyecare, Inc. Notice of Privacy Practices Summary

The InFocus Eyecare, Inc. Notice of Privacy Practices Summary describes how we may use medical information for purposes of treatment and payment as described in the Notice of Privacy Practices.

Our Responsibilities InFocus Eyecare, Inc. is required by law to:

- Maintain the privacy of your medical information.
- Provide a Notice of the Privacy Practices explaining our duties and privacy practices.
- Abide by the terms of the notice currently in effect.

We reserve the right to change the privacy practices, and to make the new practices applicable to all information we maintain.

Your Rights You have the right to:

- Request that we restrict how we use or disclose your medical information (We may not be able to comply with all requests).
- Request that we use a specific telephone number or address to communicate with you.
- In writing, request to inspect and copy your medical information (fees may apply).
- In writing, request an amendment to your medical information (We may not be able to comply with all requests).
- In writing, request an accounting of how your medical information was disclosed (excludes disclosures for treatment, payment or healthcare operations, and those for which we have given authorization).

Patient Privacy

At InFocus Eyecare, Inc. your privacy is a priority. We follow federal and state guidelines to maintain the confidentiality of your medical information.

How do we use medical information?

When you visit InFocus Eyecare, Inc., we use your medical information to treat you, to obtain payment for services, and to conduct healthcare operations. Examples of how we use your information include:

Treatment

We keep a record of each visit. This record may include your test results, diagnosis, medications and your response to medications or other therapies. This allows us to provide the best care to meet your needs.

Payment

We document the services and supplies you receive at each visit so that you, your insurance company or another third party can pay us.

Health Care Operations

Medical information is used to improve the services we provide, for business management, for quality improvement, and for customer service.

Information We Share

There are other times when we are permitted or required to disclose medical information without your signed permission. Examples of these situations are to protect victims of abuse or neglect, for organ or tissue donation, and to avert serious threat to public health and safety. Please refer to the attached Notice of Privacy Practices for a

detailed list of these situations. Any other use or disclosure may only be done with your signed authorization. You may revoke your authorization at any time by contacting the provider who obtained your original authorization.

All complaints will be thoroughly investigated and you will not suffer retaliation for filing a complaint. You may also file a complaint with the Office of Civil rights in Washington, D.C.

A complete Notice of Privacy Practices is available upon request.



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CONSENT FOR TREATMENT

Consent For Treatment: I hereby voluntarily authorize InFocus Eyecare to perform care and treatment, and to conduct examinations, diagnostic procedures, clinical photography, administer medication and treatment, as may be directed by my physician. I acknowledge that no guarantees have been made to me as to the effect of these treatments or examinations.

Consent to Use and Disclosure of Protected Health Information: I consent to the use and disclosure of my Protected Health Information by Infocus Eyecare for purposes of treatment, payment, and health care operations. For example, InFocus Eyecare is hereby authorized to release any information to my insurance carrier necessary for claims processing and payment of my bill relative to services provided to me in the course of my care. I understand that InFocus Eyecare may release medical information to any third party, including my employer, which may be responsible for my medical expenses. (Release of medical information to employers is limited to those employers who are directly liable for the costs of the patient's health care benefits through an employer, self-insured group health plan or worker's compensation, or in other circumstances in which such disclosure is legally allowed.)

Benefits Assignment: I hereby assign to InFocus Eyecare payment of the insurance benefits otherwise payable to me. This assignment of benefits shall remain effective until revoked by me or my authorized representative in writing. I understand that follow-up for payment from insurance companies is my responsibility. I also understand that any or all services provided by InFocus Eyecare may be denied due to lack of required, appropriate, and timely insurance notification, precertification or referral will be my responsibility.

Certification of Medicare Benefits to Physician (Applicable to Medicare Beneficiaries only): I hereby authorize InFocus Eyecare to bill Medicare and receive payment on my behalf for any authorized Medicare benefits for services furnished to me by InFocus Eyecare. I certify that the information given by me in applying for such payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical information or other information about me to release it to Medicare or its agents, as necessary, for payment of this, or any related Medicare claim.

Payment Guarantee: I have been informed that payment for services rendered is due immediately, but in no event later than thirty (30) days from the date of my first statement. I hereby promise to pay InFocus Eyecare the amount due in full for all charges incurred for this care and treatment. If I wish or propose a payment arrangement I must do so within thirty (30) days by calling InFocus Eyecare's Billing Department at (603) 527-2035 option 4.

Disclosure to Family or Friends Involved in my Care: I understand that I may limit the disclosure of my health information to family members, other relatives or close personal friends by notifying a member of the staff assigned to care for me.



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PATIENT POLICY MANUAL

Financial Policies

The following is our office policy regarding payment for eyecare services rendered. Please make sure that you understand how the office expects to receive payment for the care you receive.

If You Have Health Insurance:

We will be happy to process your insurance claims. A copy of your insurance card is required.

You Must Realize, However, That:

1. As eyecare providers, our relationship is with you, not your insurance company. Filing insurance claims is a courtesy we extend to our patients. Your insurance contract is between you, your employer, and the insurance company. We are not a party to that contract.
2. All insurance plans are different. While we do our best to verify eligibility prior to your appointment, it is ultimately the responsibility of the patient to verify and understand their own insurance coverage.
3. If a referral is required by your insurance company, it is your responsibility to obtain it prior to your appointment. ***HMO plans require most services to be managed by your PCP. To avoid***

denials and unnecessary statements, we strongly recommend patients with HMO policies to obtain a referral for medically necessary services.

4. It is the patient's responsibility to pay any deductible, copay, co-insurance or any other balance not paid for by the insurance company. Any amount owed that is not collected on the date of service, will be billed directly to the patient after the insurance company has processed the claim.

Patient Financial Agreement

For those patients who do not have insurance, payment is due at time of service unless prior arrangements have been made.

Any account balance left unpaid after 30 days is subject to a \$5.00 monthly finance charge. If balance is left unresolved, it will be sent to collections.

All balances must be paid in full prior to ordering contact lenses (if applicable) and scheduling an appointment.



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Cancellation Policy

We feel it is the patient's responsibility to remember scheduled appointment times. As a courtesy to you, we will call 2 days in advance to remind you of your appointment. If contact cannot be established and an appointment is missed, or less than 24-hours notice is given for a cancellation, a charge to you the patient, may be assessed.

InFocus Eyecare reserves the right to impose a \$25.00 charge for each missed appointment, no-show, or cancellation that is less than a 24-hour notice. This charge will be billed to the patient directly and will not be covered by your insurance. The fee will need to be paid for before scheduling another appointment.

If 4 appointments are missed due to no-shows or cancellations without 24-hour notice, within a calendar year, InFocus Eyecare reserves the right to dismiss you as a patient.

Late Check-In

We ask patients to arrive 10 to 15 minutes prior to an appointment, to ensure the most quality time with the doctor. Patients who show up 15 minutes late to their appointment, will be asked to reschedule.

Minor Patients

The parent/guardian must accompany a minor (defined as a child under the age of 18) or the child cannot be seen. The parent/guardian accompanying a minor child is responsible for consent and payment. Any child 18 or over is legally an adult and responsible for his/her bill, regardless of attending college, living at home, or being covered by parents insurance. In divorce cases, the parent who brings the child in for services is ultimately the responsible party. If a parent/guardian is unable to accompany their child, a non-parent/guardian consent form must be filled out prior to the appointment.

Contact Lens Policies

Advancements in contact lens technology offer the potential of successful contact lens wear to most of our patients. Because contact lenses are medical devices placed on the eyes, they require expert fitting and careful instruction. Conscientious care and compliance must be maintained with recommended follow-up examinations to protect the health of your eyes.

Contact Lens Evaluation

The goal of the contact lens evaluation is to find the most appropriate contact lens for each patient's optimal comfort and vision. An enormous variety of types, materials, sizes, and colors are offered. We are committed to taking the time and making the effort to fit you properly. Although many patients will need only one fitting session, sometimes this process requires several appointments. In our experience the extra time, effort, and patience are well merited by both your ultimate satisfaction and the health of your eyes. Charges for up to 3 follow-up visits in the first three months are included in the fitting fee. If more are needed, additional charges may apply.

Yearly Contact Lens Fee Policy

A contact lens fee will be charged yearly and is due at the time of visit. This fee is to be paid at the time of service. Most insurance companies do not cover the contact lens assessment. Contact lens fees may vary due to the type of contacts needed for each patient. We are happy to print you a detailed receipt so you can submit to your insurance for possible reimbursement.

Ordering Contacts

Once the doctor has finalized your contact lens prescription you will be able to order a supply of contacts. In most cases, manufacturers offer a rebate with a year's supply of lenses. This is often the most cost efficient option.