

INSURANCE CARDS and a **GOVERNMENT ISSUES PHOTO ID** must be presented at time of visit otherwise full payment will be required in order for Piedmont Eye Center to file insurance claims.

VISION PLANS: Piedmont Eye Center **DOES NOT** participate with vision plans.

CO-PAY: As a requirement by your insurance company, a co-payment is required at the time of service. We reserve the right to reschedule your appointment if your co-pay is not paid at check-in.

MEDICAL FORMS: Piedmont Eye Center charges a fee for completion of patient forms (i.e. FMLA, Disability, etc.)

APPOINTMENT CANCELLATION CHARGE: If you fail to notify our office of a cancellation within 24 hours of your appointment, a charge may be placed on your account. We will be unable to reschedule any future appointments until the balance has been paid.

OPHTHALMOLOGY: Our physicians are considered **SPECIALISTS**. Your insurance company may require that you obtain a referral from your primary care provider prior to being seen.

REFRACTION MEASUREMENT:

Typically, a refraction measurement is not covered by insurance. Performing a refraction measurement for best corrected vision means the patient is charged for a refraction measurement. If the work is performed, the refraction charge is viable.

Refraction Fee is \$30.00 (2015-current)

In most cases when a patient is new to an ophthalmology practice, a refraction is performed to establish a baseline of the patients best corrected visual acuity, the refractive power of the eye, and if applicable prescribing purposes. For established patients most ophthalmology practices repeat the refraction measurement annually, for baseline monitoring of visual acuity including changes and if applicable prescribing purposes.

If a patient's vision is less than 20/20 on the visual acuity exam, it is common practice to perform a refraction to determine the full vision capability of the eye, a necessary component for ruling out disease and pathology.

Refractions can be obtained in several ways. The most common for adults is a subjective refraction. A phoropter is placed in front of the patient and a selection of lenses are shown. The patient chooses the clearest lens selection and a

refractive power is documented. A glasses or contact lens prescription may be written from this information.

Refractions for infants and children are done using an objective method. When a child is not old enough to make lens selections, a method called retinoscopy is used to determine retinal reflex motion. This procedure involves a hand held instrument called a retinoscope. The light from the retinoscope is swept back and forth in front of the patient's eye. The direction of the retinal reflex motion seen in the eye indicates the refractive power of the eye. A glasses or contact lens prescription may be written from this information.

If a patient is scheduled for a "work-in problem" visit (not a routine exam) and they received a refraction measurement and prescription at the end of the exam, this most likely was a courtesy to the patient. Typically a patient that is "worked in" to the scheduled for a problem is brought back at a later date for the "routine" exam and refraction measurement and new charges apply for exam and refraction measurement.

(updated OCTOBER 2016)

NONDISCRIMINATION NOTICE:

Piedmont Eye Center, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Piedmont Eye Center, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Piedmont Eye Center, Inc.:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact the Grievance Officer.

If you believe that Piedmont Eye Center, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Officer
116 Nationwide Dr.
Lynchburg, VA 24502
434-947-3984

You can file a grievance in person, by mail or by phone. If you need help filing a grievance, the Grievance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-868-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

INTERPRETATION SERVICES AVAILABLE

(TAGALOG) Pansin: Kung magsalita ka Tagalog, wika serbisyo ng tulong, nang walang bayad, ay magagamit sa iyo.

توجہ: اگر آپ اردو زبان کی مدد کی خدمات، مفت کے انچارج بولتے ہیں تو، آپ (URDU) کو دستیاب نہیں.

(YORUBA) Akiyesi: Ti o ba so Yorùbá, èdè iranlowo işe, free ti idiyele, ni o wa wa si o.

(BENGALI) দৃষ্টি আকর্ষণ: আপনাবাংলা, ভাষা সহায়তা সবো, নথিরা কথা বলতে পারনে, আপনার জন্য উপলব্ধ.

(AMHARIC) አዳምጥ: አማርኛ, ከከፍተኛ ነፃ የቋንቋ እርዳታ አገልግሎቶች, የሚናገሩ ከሆነ, እነርሱም የሚገኙ ናቸው.

(PERSIAN) توجه: اگر شما فارسی، خدمات کمک زبان، رایگان صحبت می کنند، در دسترس شما هستند.

(GERMAN) ACHTUNG: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung.

(CHINESE) 注意：如果你说中国话，语言协助服务，免费的，都可以给你。

(ARABIC) لك تتوفر مجاناً، اللغوية، المساعدة وخدمات العربية، تتكلم كنت إذا: تنبيهه.

(FRENCH) ATTENTION : Si vous parlez Français, les services d'assistance de langue, sans frais, sont à votre disposition.

(IBO) Ntị: Ọ bụrụ na ị na-ekwu okwu Igbo, asụsụ aka ọrụ, n'efu, dị ka gi.

(KRU) Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [ˈBàsóò-wùdù-po-nyò] jũ ní, nií, à wuɖu kà kò dò po-poò béin m̄ gbo kpáa.

(HINDI) ध्यान दें: यदि आप हार्डटयिन क्रयिोल बात, भाषा सहायता सेवाओं, निःशुल्क, आप के लिए उपलब्ध हैं।

(KOREAN) 주의: 당신이 말하는 한국어, 언어 지원 서비스를 무료로 사용할 수 있습니다 당신에 게.

(RUSSIAN) ВНИМАНИЕ: Если вы говорите России, переводческие услуги, бесплатно, доступны для вас.

(SPANISH) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted.

(VIETNAMESE) Chú ý: Nếu bạn nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn.