

Paul K. Albert - Optometrist

125 Oak Street
Ellsworth, ME 04605
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The mission of our professionally trained staff is to provide the highest quality medical eye care. We hope your experience with Dr. Albert and staff is pleasant and all of your concerns are addressed in a considerate and professional manner. Please feel free to ask for further clarification should you have any questions. Our staff is always willing to help. In anticipation of your visit with Dr. Albert, the following information will provide you with an understanding of our office policies.

Office Hours: Our office is open Monday thru Thursday 7:00 a.m. to 6:00 p.m. and Fridays 8:00 a.m. to 5:00 p.m. We close daily 12:00 p.m. to 1:00 p.m. for lunch.

Emergency Hours: Emergency cases are treated in the office during office hours. However if there is an afterhours emergency please call Dr. Albert at the number provided on the answer machine, or call the Emergency room and ask for the on call Ophthalmologist.

Scheduled Appointments: Patients are seen by scheduled appointments. If you are unable to keep your appointment we require 24 hour advanced notice. Missed appointments may be assessed a \$25.00 fee.

PATIENT FINANCIAL RESPONSIBILITY

PLEASE BRING A COPY OF ALL CURRENT INSURANCE CARDS WITH YOU TO YOUR APPOINTMENT. WITHOUT A COPY ON FILE YOU WILL BE LIABLE FOR THE BILL.

Co-Payments: Your co-payment will be collected at check-in.

Glasses and Contact lens orders: Half down the total price is due on the date of ordering. The other half is due at pick-up. If paid in full contacts can be sent directly to you from the company (regular shipping) at no additional charge. *Overnight and expressed shipping are subject to a charge.

Mainecare: If your appointment requires a referral from your primary care physician please make sure we have it 24 hours prior to your visit.

Self Pay: Patients with no insurance coverage are expected to pay, in full, at time of service.

Out of pocket: We collect deductibles, co-insurance, and non covered services at the time of service.

Outstanding Balances: Payment is due upon receipt of statement. Balances not paid within 28 days of the initial billing may be subject to a late fee. In the event a past due account is sent to a collection agency, a collection fee will be assessed.

Refraction Test: The cost of refraction is based on your insurance plan. This charge will not exceed \$25.00 . Please call ahead with any questions. ("What is a Refraction?" –Enclosed.)

Payment Options: Cash, Check, Visa, MasterCard, Discover, or Care Credit Financing Company

I hereby acknowledge that I have read and understand the above information.

Signature:

Date: