



William H. Stephen, O.D.

Welcome to our office. We are committed to serving you with the best possible optometric care and optical services. The following information is provided to help avoid any misunderstandings between you and our office.

Please treat our staff with respect.

We ask that you do not eat, drink or smoke in the office.

Please restrict your cell phone use to necessary calls only. They are an interruption to patient care.

It is required that you update your medical history and medication list periodically. Please comply.

Our office participates in a variety of insurance plans. It is your responsibility to:

- Bring your insurance card or information each visit.
- Be prepared to pay for your co-pay, deductible, or co-insurance at the time services are rendered.
- Payment in full is expected at the time services are rendered. Payment may be made by cash, VISA, Mastercard, Discover, ATM/Debit Card, American express, or check (with Telecheck approval).

We will gladly submit your claims with your insurance company. Failure of your insurance company to pay does not release you of your obligation to pay for all services and materials provided by our office.

A minimum of 24 hours notice is requested for cancellation of appointments. The doctor and staff schedule time for your care. Adequate cancellation notice allows us to make that appointment time available to others. Repeated no-shows may result in a \$25.00 fee per missed visit.

Patients younger than 18 years of age must have a parent or guardian present while he/she is in the office.

Our practice firmly believes that a good physician/patient relationship is based on good communication. Questions about these policies are welcomed and should be directed to the front office.