

## Riverside EyeCare Professionals

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Dear Patient:

Thank you for choosing Riverside EyeCare Professionals. In order to expedite your upcoming visit, please fill out the enclosed forms as completely as possible. Be sure to bring the completed forms and any medical insurance cards with you to your appointment.

As a new patient to Riverside EyeCare Professionals, we would like to take this opportunity to review our office policies:

**Tardiness:** It is our goal to be on time; therefore, if you are late for your appointment, we may need to reschedule your appointment for another day.

**Cancellations:** Please do your best to keep your appointments as scheduled. Excessive cancellations may result in termination of care by Riverside.

**Minors:** Children must be accompanied by their legal guardian throughout the visit (including waiting time and exam). If the parents are not legal guardians, we will require legal documentation proving guardianship.

**Adults with Legal Guardians or Healthcare Power of Attorney:** Please plan to bring legal documentation detailing the rights of the decision-maker. If the legal decision-maker does not plan to accompany the patient to each appointment, they will need to provide written authorization for services prior to each appointment. A form will be provided after each appointment for this purpose.

**Patients in Care Homes:** Patients living in care homes must be accompanied by a caregiver. We do not have staff to provide assistance.

**Patients requiring Physical Assistance:** Our staff is unable to assist with transferring patients to/from wheelchairs or with other physical limitations. It is the responsibility of the patient to provide an assistant for this purpose when needed.

**CoPayments:** If you have a per-visit co-payment (i.e. \$10), please be prepared to pay it at the time of your visit.

**Medicare Patients:** We accept Medicare's allowed fee as payment in full. Medicare pays 80% of their allowed fee, less an annual \$198 deductible. You are responsible for the remaining 20% as well as your annual \$198 deductible. We will bill your secondary or supplemental insurance as a courtesy. Also, you need to be aware that **Medicare does not pay for refractions** (test done for diagnostic purposes or for glasses prescription). The normal charge is \$35.

**Medi-Cal Patients:** We are no longer accepting Medi-Cal as a primary form of insurance. If you have Medi-Cal as a secondary, please remember to bring your Medi-Cal card to every visit. If you have a share-of-cost, you are expected to pay it at the time of your visit.

**Private Insurance Patients:** We will bill your insurance as a courtesy; however, you are responsible financially for your visits should your insurance not consider them a benefit. If you have two insurances that are both considered prime, and do not coordinate benefits, we will only bill one.

**Change of Personal Information:** It is your responsibility to notify us of change of address, phone number, insurance carrier, emergency contact, etc. If we did not obtain pre-authorization for a visit, because you did not provide us with your new insurance information in sufficient time, you will be personally responsible for any associated charges.

**Cell Phone Usage:** Please do not plan to take or make cell phone calls from our office. It is disruptive to other patients and delays patient care.

**Firearms and Weapons:** Please leave any firearms and weapons at home as they are not permitted at Riverside. (This also applies to individuals covered by a concealed weapons permit)

**HIPAA Statement:** Our Privacy Notice is posted in the lobby and available at the front desk. It describes how we may use and disclose your Protected Health Information, as well as your rights regarding this information.

**Dogs in the Office:** Pet hair and dander do not mix well with eye procedures and surgeries. Therefore, it is extremely important that you limit your use of service dogs to those absolutely required during your appointment.

If you have any questions regarding your appointments or your account, please feel free to call me. My card is attached for your convenience.

We look forward to seeing you at your appointment scheduled for:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Don't forget to complete the attached paperwork and bring it with you to your appointment. Plan on being at our office for 1-2 hours. We suggest that you bring someone to drive you home, since your eyes will likely be dilated and will remain so for several hours after the examination.

