

FLORAL PARK OPHTHALMOLOGY

Dr. Lawrence F. Jindra

Phone: 516-616-1710 www.jindramd.com Fax: 516-616-1700

New Patient Appointment Confirmation

Patient Name: _____ Physician: _____

Day: _____ Date: _____ Time: _____

Please bring:

Your **Referral**, if needed, from your PCP (please see note below), **insurance card(s)**, completed **medical forms** (attached), **sunglasses** (helpful for eyes being dilated), a **driver** (a new patient usually has their eyes dilated) and your **co-payment** (if applicable.)

Referrals:

1. Please realize our office is **not responsible** for obtaining referrals, from your primary, secondary or tertiary insurance carrier(s). **Obtaining the referral is your (the patient's) responsibility.**
2. **You must have your referral ready for the date of the appointment.**
3. Please check the front and back of your insurance card(s) for referral information.
4. **Please realize you (the patient) will be responsible for any charges, if you do not have the necessary referral/authorization.**

Appointment:

5. Our office always calls 1 – 2 days before your appointment, to re-confirm all appointments. Please call our office if you do not hear from us.
6. **If you are running late, we ask you to reschedule your appointment.**
7. **A 24 hour cancellation notice is required to avoid a \$25 cancellation policy.**

Payment:

8. **All co-payments are due on the day of service.**
9. Our office does not accept credit/debit cards. We will only accept a cash or check payment.
10. Please be aware, it is your responsibility to confirm that the physician that you will be seeing is covered by your insurance policy. Should your insurance company not accept the claim for this reason you will be personally responsible for any fees incurred during your visit.
11. Please be aware, you will be responsible for any "Insufficient Funds" bank fees that may apply to personal check payments.
12. Delinquent invoice payments will be charged a \$25.00 processing fee.

Please be aware:

13. You may have an eyeglass exam in our office with Dr. Cardone. The fee for this exam (refraction) is \$50 and to the best of our knowledge is not covered by insurance. A receipt can be provided for **out of network insurance coverage** if requested.
14. Dr. Jindra's exam is for the health of the eye. He does not write eyeglass prescriptions.
15. We do not participate in any vision plans (re: eyeglass/contact lens plans.)
16. Our office does not do contact lens exams.

Office Hours:

17. **Dr. Jindra:** Mon. 2 – 5pm, Tues. & Thurs. 8am – 11am & 2pm – 5pm, Fri. 8am – 12pm (Lasers)
18. **Dr. Cardone:** Wed. 7:30am - 2:30pm (last eye exam @ 1 pm) Eyeglass prescriptions

Floral Park Ophthalmology - 5 Covert Ave., Floral Park, NY 11001 - Phone: 516-616-1710 Fax: 516-616-1700