

Office Policies of Mabel Cheng, M.D., PLLC

Mabel M.P. Cheng, MD & Nicole A. Lemanski, MD

Eye Physicians and Surgeons

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Welcome to the offices of Dr. Mabel Cheng, MD and Dr. Nicole Lemanski, MD.
To ensure the best possible experience, please observe the following office policies:

1. You will be responsible for your entire bill should your insurance fail to pay for your care. This being said, our billing department will make every effort to submit your claim to your insurance company.

Please note: If you have a medical diagnosis from your office visit, your medical insurance, separate from your vision insurance (if any), will be billed.

2. Your appointment has been reserved for you – kindly give 24 hours notice for cancellation or rescheduling to avoid a \$50 no show fee.
 - a. Follow-up / Yearly patients: If you are more than 30 minutes late to your appointment you may be requested to reschedule you appointment.
 - b. Visual field patients: If you are more than 10 minutes late for your appointment, you will need to reschedule your appointment.
3. To remind you of your upcoming appointments, the office will call and confirm upcoming appointments.
4. Medical prescriptions may take up to 48 hours to be filled. Please note: no medical prescriptions will be refilled if your last office visit was more than a year ago.
5. Please bring your insurance card with you each visit. Although we will retain your information in your file, we still need to verify your insurance each visit.
6. If your insurance requires a referral for today's visit, it is your responsibility to ensure that the referral is delivered to us.
7. Contact lens fits are not done on the same day as your regular visit. A separate appointment must be scheduled for this service.
8. Please make sure to bring your glasses with you to your appointment.
9. Spec-checks for glasses require a proof of purchase date, regardless of where the glasses were purchased.
10. There is a \$50 dollar returned check fee.
11. Refractive surgery consults (LASIK, PRK, ICL) are complimentary, but cannot be combined with any other type of eye exam.

I hereby understand and agree to comply with the office policies as written above

Patient Name

Email address (optional)

Patient Signature

Date