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## WELCOME TO THE GLAUCOMA CENTER OF SAN FRANCISCO

Dear \_\_\_\_\_,

Thank you for scheduling an appointment with our office. You are scheduled to see Dr. \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_. We would like to take this opportunity to welcome you as a patient and introduce you to some of our policies and procedures. Our goal is to make your experience with us as pleasant as possible.

We have enclosed our registration sheet, medical history questionnaire, financial policy, and patient privacy forms. Please completely fill out and sign all forms and bring them with you on the day of your appointment. Properly filled out forms will help the front office staff to expedite the organization of your chart and have you seen by the doctor in a timely manner. If you are unable to fill out the forms prior to your appointment, please arrive 10-15 minutes before your appointment time in order to fill out the forms.

You should plan to be in the office for 1½ to 2½ hours, depending on the extent of your examination and any additional tests or procedures that might be required.

### **Please bring with you to the appointment:**

**Insurance Cards:** Please bring all current insurance cards with you to the appointment. We will bill your medical insurance, primary and secondary, for the medical eye exam and any additional tests or procedures performed. Any unpaid visits due to invalid insurance cards will become the patient's (parent/guardian) responsibility. If you have an HMO or PPO plan that requires a referral from your primary care provider, you must bring that with you in order to be seen. Just a reminder that referrals have expiration dates and limits as to the number of times you can visit our doctors. If you have any questions regarding your health insurance coverage, please contact your health insurance company prior to your visit.

**Photo ID:** We are required to obtain a copy of your photo ID. This is to protect you from someone else using your medical insurance (a type of identity theft).

**Eyeglasses:** Please bring your best or most recent eyeglasses, even if they no longer improve your vision. The glasses will provide important information about the past condition of your eyes.

**Medications:** Please either bring a current list of all medications you are taking, or the medications in the bottles as received from the pharmacy, including all eye drops that you are currently using.

**Previous Records:** Please have records from your previous eye doctors faxed or e-mailed to our office prior to your appointment or bring them with you to your appointment so that our doctors have as much information and history on your eyes at your appointment as possible. This will help them provide you with the best care possible.

### **Insurance and Payment:**

**Self Pay:** If you are not covered by medical insurance, you will be expected to pay-in-full at the time of service.

**Medicare:** We accept assignment on Medicare Part B. If you are a Medicare beneficiary and do not have secondary coverage, you will be responsible for payment of 20% of the Medicare allowed amount.

**Deductible:** If you have not met your medical insurance deductible for the year, you will be billed.

**Copays:** You are required to pay your insurance copay at the time of service. The copay amount is usually noted on your insurance card or can be found in your insurance handbook.

**HMO:** If you are insured through an HMO, you will need a referral or authorization from your Primary Care physician before your appointment. Any unpaid visits due to invalid or non-referral will become the patient's (parent/guardian) responsibility.

**Non-Covered Services:** Some services might not be covered by your insurance. Most medical insurance plans, including Medicare, do not pay for "routine eye exams." Routine Eye Exams are exams which **do not** result in a medical diagnosis. For example, diagnoses such as myopia (near-sightedness), hyperopia (far-sightedness), astigmatism, presbyopia (aging eyes) would not be considered medical. Routine eye exams also include "screening for eye disease," which does not result in a medical diagnosis. In the event of service not covered by your medical insurance, you will be responsible for the charges.

**Payment Options:** We accept Cash, Check, Debit, Visa, or MasterCard.

### **Dilation:**

Your pupils will probably be dilated during the initial visit. Dilation lasts several hours and may blur your vision and cause you to be sensitive to lights. Please bring sunglasses with you to the appointment. It is not possible for your ophthalmologist to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it's best if you make arrangements not to drive yourself. Please see attached Informed Consent for Dilating Eye Drops form.

### **Refractions or Contact Lens Evaluations:**

A refraction is a measurement of near-sightedness, far-sightedness, and astigmatism for glasses prescriptions. Refractions and contact lens evaluations are not a part of the medical eye examination and will not be provided unless specifically asked for. Medicare and most medical insurances do not cover these services. The refraction fee is \$75.00 and the contact lens evaluation fee starts at \$115.00. These fees are due at the time of service, whether or not it results in a prescription. If you have vision insurance, you will either need to see an optometrist that accepts your vision insurance or submit paperwork for reimbursement from your vision insurance yourself after your visit with us. If you require a refraction or contact lens evaluation, please contact our office prior to your appointment so that we can be sure the services can be performed on the day of your appointment.

**General Information:**

Our office hours are Monday through Friday 9:00am to 4:00pm (except holidays). We encourage you to call or e-mail us if you have a question. Kindly give us 24 hours notice if you need to cancel or reschedule your appointment so that we may offer this time to another patient.

**Location and Parking:** Our office is located in the Financial District between Mission and Montgomery Streets and 1<sup>st</sup> and 2<sup>nd</sup> Streets. We are located one block away from the Montgomery BART station and are easily accessible by several modes of public transportation. There are several parking garages in the area. Please call the garages to be sure of most recent hours and rates. Please visit our website for more information.

**COVID-19 Notice:** Due to the COVID-19 pandemic, we have put in place certain policies in order to protect our patients and staff. Prior to entering our building, everyone will have their temperature checked and several screening questions will be asked. Everyone is required to wear a mask appropriately and to use provided hand sanitizer upon entering the building. Appointments will be managed to maximize social distancing in our facility. Currently, only the patient will be allowed to enter the clinic for appointments unless an assistant is necessary for medical reasons. We have further enhanced our disinfecting protocol and our staff are prepared with the appropriate PPE. If you are experiencing any symptoms of or have tested positive for COVID-19, been in contact with anyone who is sick or has tested positive for COVID-19, or travelled via airplane within 14 days of your appointment, please call our office as soon as possible to reschedule your appointment.

Once again, we welcome you as a patient and hope your experience here is a pleasant one. Please feel free to contact the office with any questions you may have.

Sincerely,

Glaucoma Center of San Francisco