



THE REEVES EYE INSTITUTE

YOUR VISION OUR MISSION

OFFICE POLICIES & PROCEDURES FOR OUR PATIENTS

Thank you for choosing The Reeves Eye Institute for your ophthalmic care. We realize that you have a choice in medical providers and are pleased that you have chosen us. Our staff strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress-free as possible. Please feel free to contact our office if you have any questions concerning our policies.

Office Hours

Our office staff is available Monday-Friday, 7:30 am to 4:30 pm* and may be reached at (423) 722-1311. To help us better assist you, please provide patient coordinators all information pertaining to your question or concern – including allergies, previous meds tried, and you pharmacy information. In the case of emergency after regular business hours your call will be answered by an answering service who will contact Dr. Reeves. In the event of a true emergency, dial 911.

*Office hours listed are with the exception of holiday office closures.

Appointments:

The Reeves Eye Institute is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments well in advance of follow-up due dates, as clinic days can book quickly. When calling for an appointment, please provide our patient coordinators your name, telephone number, chief complaint/reason for visit, as well as any updated contact or insurance information.

Please bring the following to ALL appointments:

- Current glasses
- Current medications, including over the counter and nutritional supplements. (This includes any eye drops—prescription or over the counter).
- All current insurance cards
- Photo ID (i.e. driver's license)
- List of current and past medical problems and surgeries
- List of any medication or food allergies

While we strive to schedule appointments appropriately, emergencies can and do occur in specialty medicine, and Dr. Reeves will always give his patients the time they require. For this reason, we kindly request your patience and understanding should a delay or rescheduling be necessary on your appointment date.

To ensure quality care, Dr. Reeves does not treat patients he has not seen (i.e. we will not call in prescriptions or offer medical advice for patients prior to their initial office visit, or for whom we do not regularly see). Follow up visits are scheduled after all testing/labs have been completed, so that results may be reviewed together, and an effective and appropriate plan for you healthcare can be determined. Please note that test results will not be given over the phone.

Because clinic days are often fully booked weeks in advance with wait lists as well, it is the policy of this office that cancellations must be made within 24 hours of scheduled appointments. Please let us know in a timely manner if you are unable to make your appointment, and we will be happy to reschedule it for you at your convenience. If appointments are not cancelled within 24 hours of scheduled times, you will be charged for your visit as a no show.

****Please be advised that no-show charges are patient responsibility and will not be billed to your insurance company.**

Prescription Refills

If you need medication refill please call during business hours, choose “speak to a nurse, option 4”. Please leave name, date of birth, medication name and pharmacy info. Please allow 24 hours for refill to be called to pharmacy. Please call a couple of days in advance of when you anticipate your medication to run out so you do not miss any scheduled doses.

Please note that narcotic medications cannot be refilled over the phone. These orders require an office visit and a paper prescription signed by Dr. Reeves. Early refills will not be given.

Changes and/or new prescriptions can only be completed by the physician. Please do not ask staff to alter your medications(s) or dosing instructions.

I have read and understand the Reeves Eye Institute Office Policies and Procedures.

Signature of patient/Guardian _____

Print name of patient/Guardian _____

General Consent to Treatment

Having come to **The Reeves Eye Institute** for evaluation or treatment, I (or my authorized representative on my behalf) hereby consent to and authorize **The Reeves Eye Institute** and other staff members involved in my care to administer such diagnostic procedures, treatment or both as they may consider advisable to maintain my health and to assess and to evaluate and treat my injury or illness. I understand that the provider responsible for my care has the responsibility to explain to me the purpose, the benefits and the most common risks involved in the diagnosis and treatment of my illness or injury, as well as alternative available courses of treatment, and I understand that I have the right to refuse any suggested examination, test or treatment.

Right to Refuse Treatment: In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and/or treatment.

Signature of Patient/Guardian _____ Date _____

Print name of Patient/Guardian _____

The Reeves Eye Institute Authorized Initials _____ Date _____