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A Professional Corporation

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To All Patients,

We welcome you to our office. We thank you for entrusting us with your eye care. We can assure you that we will do the best we can to earn this trust and provide you with the best care. We are also committed to treat you professionally and cordially. Our office policy is not to turn away real emergencies. We are committed to give every scheduled patient as much time as needed to address her/his problem. This may occasionally cause unforeseeable delays to scheduled patients. We regret prolonged waiting time and are committed to reduce it. Our promises to you: whenever your turn comes, you can be assured you will be getting the time needed to address your problem. To be fair and effective in applying our time in the office, we have established the following procedures that apply to all our patients.

- In cases where a prescheduled appointment cannot be kept, it is the patient's responsibility to cancel at least 24 hours in advance. A \$25 fee will be charged to patients that will fail to notify the office about an un-kept visit, and \$100 fee for any un-kept appointment for an in-office surgical procedure.
- The doctors are available to answer phoned-in questions during working hours (8:00AM-6:00PM). A \$50 fee will be charged to patients for after hour's consultations or prescription refills.
- When medically needed, the doctors routinely write a medical letter to your primary care doctor and/or to other specialist who participate in your care and to your health insurer. This is part of the medical practice and is not charged to you. For letters that are requested by patients and require review of medical records, there is a minimum of \$100 charge. There is a minimum of \$30 charge for filling out forms that require doctor's review and signature.
- Patients requesting copies of their medical records for their private use will be charged a minimum of \$25.
- To save time and cost in our billing department, all co-payments are due at the time of the service. A \$10 billing fee will be added to statements sent out to collect co-pays.
- A \$25 delinquent payment and customary financial charges will be charged to the patient if due payments are not made within 90 days of the first billing. In cases where collection agencies are needed to collect overdue balances, the patient will be responsible for the cost that the agency will charge us.
- \$25 will be charged for all checks returned unpaid.

I reviewed these policies and agree to accept them: _____

Patient/Guardian signature

Patient's name _____

Date _____