

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

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

**Eye Physicians and Surgeons**

**3140 Troy-Schenectady Rd. | Niskayuna NY 12309**

**Tel: (518) 782-7777 Fax: (518) 782-4913 [www.mabelchengmd.com](http://www.mabelchengmd.com)**

Welcome to the offices of Dr. Mabel Cheng, MD, Dr. Nicole Lemanski, MD, and Dr. Abigail Zielke, OD  
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. For any additional questions, please ask your insurance rep.

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. Followup / 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 may be requested to reschedule your appointment.

c. Please note that multiple no shows may result in dismissal from the practice. Surgical no call / no shows will result in dismissal from the practice. For initial visits, you will not be booked for appointments if you have two no call / no shows.

3. To remind you of your upcoming appointments, the office will call and confirm upcoming appointments. Your acceptance of this office policy serves as your consent for reminders.

4. Medical prescriptions may take up to 48 hours to be filled. Please note that no medical prescriptions will be refilled if your last office visit was more than a year ago OR if you have no follow-up appointment(s) scheduled.

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 only done on the same day as a regular eye exam with the Optometrist. The fee for a contact lens fit is \$125 (excluding insurance). If you would only like a contact lens fit, you must have had an eye exam within the past year.

8. Please make sure to bring your glasses / contact lenses / scleral lenses 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. If you do not qualify for refractive surgery or do not elect to have a refractive surgery procedure, your visit will be billed to your medical insurance.

My signature below indicates that I have read, understood, and agree to the policies written herein.

Patient Name: \_\_\_\_\_ Email address (optional): \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_