RELEASE 1 · PART OF AN ONGOING SERIES

CarlinVision Scheduling and Triage Manual

Release 1: Routine vs. Medical Scheduling

- Routine vs. Medical Classification
- Scheduling and Triage Scripts 1–19
- Decision Trees DT-1 through DT-4
- Standard Operating Procedures
- Additional modules in development

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Section 1 — How to Use This Manual

This manual is the first release of the Carlin Vision Call Center Operations Guide, covering the Routine vs. Medical scheduling workflow. It is designed for call center staff, front desk staff, technicians, and physicians who handle patient calls and scheduling decisions.

This Section	What It Contains	Who Uses It
Decision Trees	Visual routing guides. Quick reference for which script to use based on what the patient says.	All call center and front desk staff
SOPs	Standard operating procedures defining the rules behind every decision in the scripts.	All staff - training and reference
Scripts 1-8	Complete scripts for scheduling and triage calls. Every call begins with the Universal Call Opening.	Call center staff
Scripts 9-19	Explanation scripts and front desk workflows for specific situations.	All staff

How to read a script:

STAFF:	What the staff member says to the patient.
PATIENT:	Example of what the patient might say. Italicized.
■	Operational instruction for the staff member - not spoken aloud.
■	Confirmed rule or approved rate. Must not be changed without explicit direction.
■ **PUSHBACK:**	How to handle a specific patient objection.
■ **URGENT EXIT**	Stop the current script. Route to the triage script immediately.

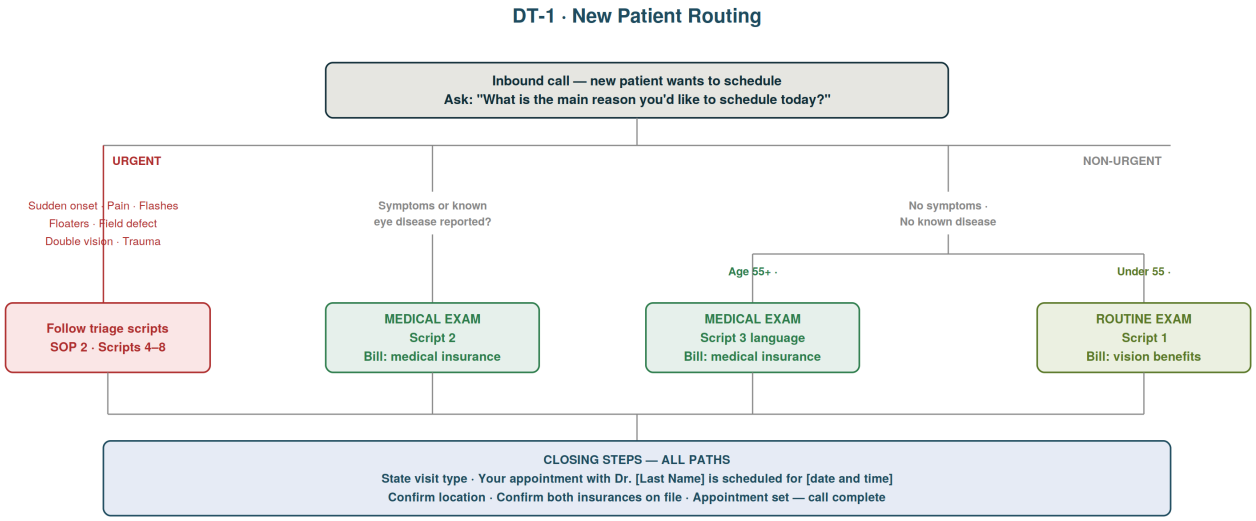
Section 2 — Decision Trees

These four decision trees are a visual companion to the scripts and SOPs. Use them as a quick reference when you need to determine which script applies to a call.

DT-1 — New Patient Routing

Use when a new patient calls to schedule. Routes call based on chief complaint, symptoms, and age.

References: Scripts 1 · 2 · 3 · 4–8

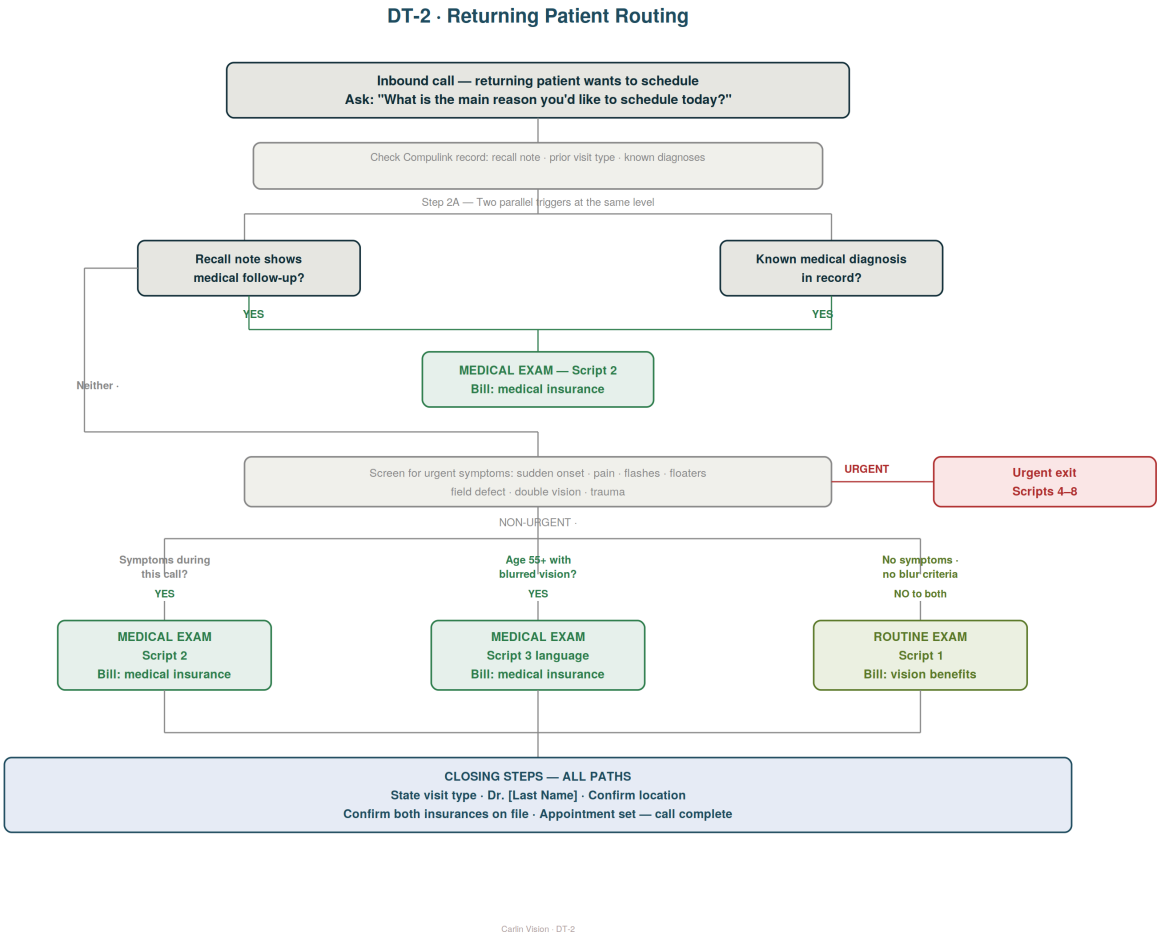


Carlin Vision · DT-1

DT-2 — Returning Patient Routing

Use when a returning patient calls. Checks Compulink record and uses two parallel triggers at the same level.

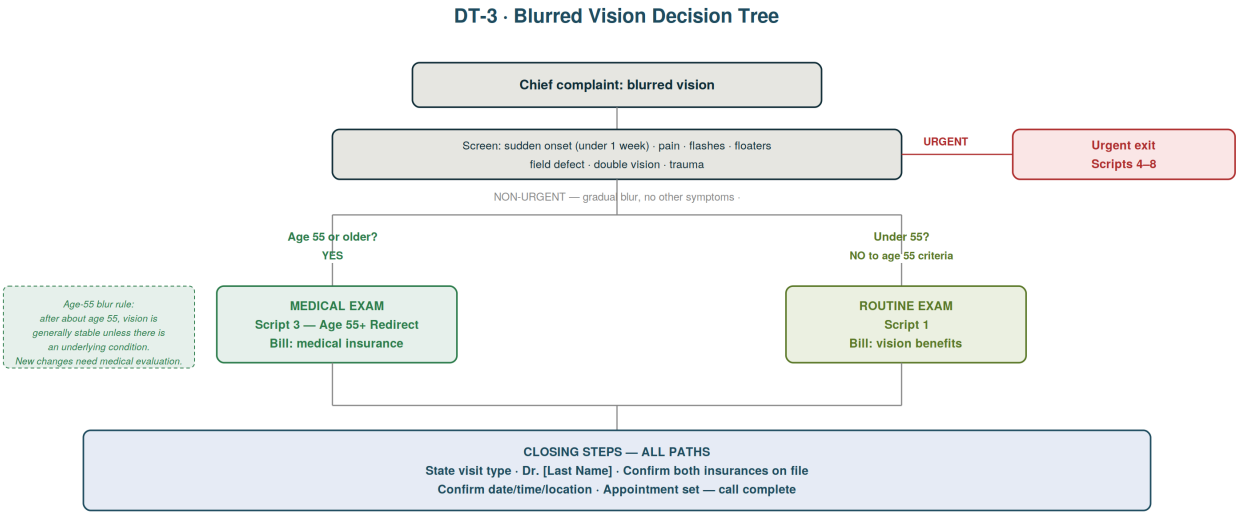
References: Scripts 1 · 2 · 3 · 4–8



DT-3 — Blurred Vision Decision Tree

Use when blurred vision is the chief complaint. Applies the age-55 blur rule.

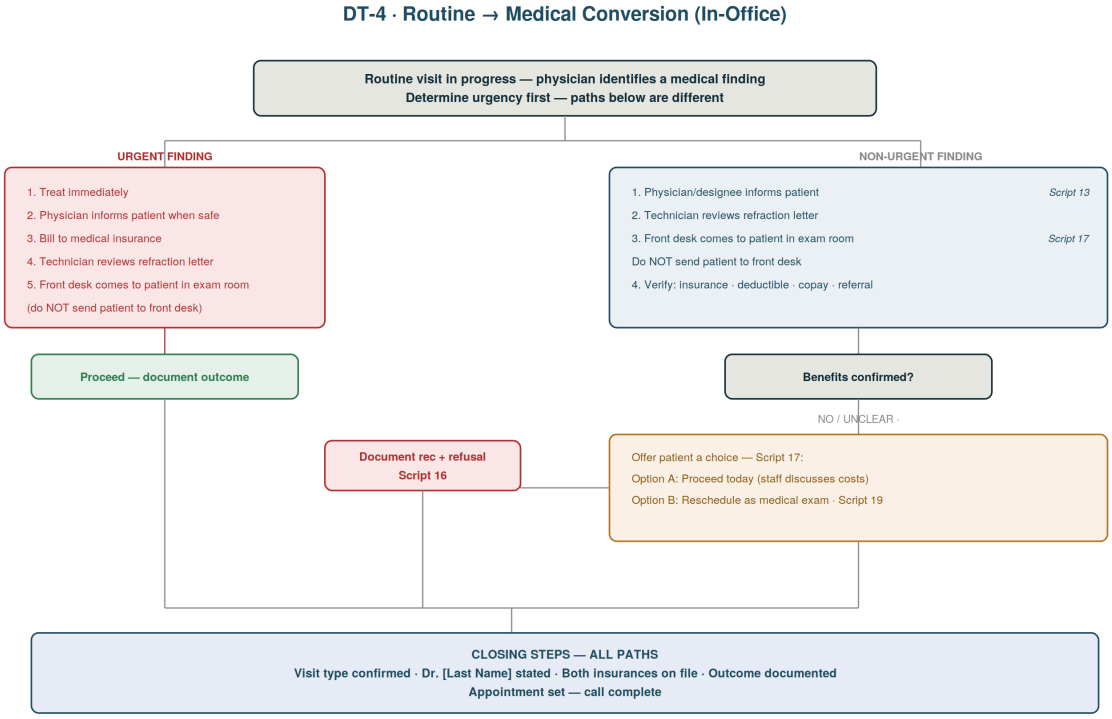
References: Script 3 (Age 55+ Redirect) · Script 1



DT-4 — Routine to Medical Conversion (In-Office)

Use when a physician identifies a medical finding during a routine visit.

References: Scripts 13 · 17 · 19 · 16



Section 3 — Standard Operating Procedures

These two SOPs govern how all Carlin Vision staff schedule, communicate, and document patient visits. They define the rules behind every decision reflected in the scripts and decision trees. All staff — physicians, call center, front desk, and technicians — follow these standards.

These procedures govern how all Carlin Vision staff — physicians, call center, front desk, and technicians — schedule, communicate, and document patient visits. They mirror the operating logic of the locked Scripts 1–19. Where this document and the scripts describe the same step, the scripts control.

SOP 1 — Routine vs. Medical Scheduling

All Staff: Physicians, Call Center, Front Desk, Technicians

1. Purpose

This SOP establishes one shared standard across Carlin Vision so that all staff schedule, communicate, and document patient visits consistently and in a way that reflects the clinical and billing intent of each appointment type.

2. Scope

Applies to all inbound scheduling calls for new and returning patients, and informs physician and technician decisions when a visit type changes mid-appointment. All staff use the same definitions, language, and communication standards.

3. Definitions

These definitions are consistent with AAO and ASOA billing guidance and standard ophthalmology payer practice.

Routine Vision Exam

A visit whose chief reason is wellness or vision care only: checking eye health, updating a glasses or contact lens prescription, or a routine recall with no active symptoms, known eye disease, or disease follow-up. Billed to the vision plan.

Medical Eye Exam

A visit whose chief complaint involves eye symptoms, trauma, a known or suspected eye disease, or disease follow-up. The physician's evaluation addresses medical necessity. Billed to medical insurance.

Refraction

The portion of an exam that determines the glasses or contact lens prescription. Refraction is a separate patient charge, is not included in medical exam billing, and is not automatically covered by medical insurance. Patients are informed of this before or at check-in.

New Patient / Returning Patient

New patient: new to Carlin Vision. Returning patient: previously seen here — chart history, recall notes, and prior visit type inform scheduling, and known diagnoses must be checked before routing. Use

patient-friendly language ("Have you been seen here at Carlin Vision before?"), never clinical terminology.

Urgent Symptoms — Exit to SOP 2

Any sudden or concerning change: acute vision loss or blur, eye trauma, flashes, new or worsening floaters, painful red eye, headache with vision change, change in pupil size, or swollen eyelid with pain. These exit SOP 1 immediately.

4. Core Standards

Chief complaint drives the scheduling decision — not the patient's insurance preference.

Urgency comes first. If urgent symptoms are present, follow SOP 2 before determining visit type.

Doctor selection happens after the routing decision, not before it. Staff classify the visit from the chief complaint and screening first, then select the doctor within the chosen script path — matching the locked scripts.

Insurance is collected after classification, doctor selection, and demographics — the final step before scheduling confirmation. Both vision and medical insurance are collected on every call.

Physician has final authority to classify the visit based on medical necessity and clinical findings.

Schedulers are not diagnosing. They apply a decision framework. When unclear, escalate to the technician or clinician on duty — never guess.

5. Scheduling Rules

5.1 Standard Routing

Chief reason is glasses, refraction, or a routine eye check, and the patient denies symptoms and known eye disease after screening → routine vision exam (Script 1).

Patient reports any symptom, trauma, known eye disease, or disease follow-up → medical eye exam (Script 2).

Any urgent symptom is present → exit SOP 1 and follow SOP 2 immediately (Scripts 4–8).

5.2 Age-Based Blur Rule

■ *Age rule is 55 or older, confirmed by Dr. Carlin, June 11, 2026. All prior references to age 50 are superseded. Quick reference for 2026: patients born in 1971 or earlier are 55 or older; update this cutoff year every January.*

Under 55, gradual isolated blur, no symptoms, no known disease, onset more than one week → may schedule as routine. Staff must still screen for symptoms before classifying.

Age 55 or older with blurred vision → schedule as medical eye exam (Script 3 language). Ocular pathology is more likely at this age and a medical evaluation is required to rule out underlying causes.

Any blurred vision with sudden onset, pain, flashes, floaters, field defect, double vision, or trauma → follow SOP 2 regardless of age.

5.3 Handoff Rule — SOP 1 to SOP 2

Precise handoff point: any blurred vision with onset less than one week, or accompanied by pain, flashes, floaters, field defect, double vision, or trauma. Stop and follow SOP 2 immediately.

5.4 Returning Patients with Known Diagnoses

Returning patients with known eye conditions are not scheduled as routine vision exams simply because they request a glasses update. Any patient with an active medical condition managed by Carlin Vision physicians is scheduled as a medical eye exam. This includes:

- Glaucoma or glaucoma suspect
- Diabetic eye disease
- Macular degeneration
- Chronic dry eye management
- Post-operative follow-up
- Any ongoing ocular disease the physician is expected to evaluate

If the physician is expected to evaluate or manage a medical condition, the visit is medical at the scheduling level, regardless of what the patient is requesting. (Mirrors Script 10.)

5.5 Contact Lens Exams

Schedule as routine vision exam unless the patient reports symptoms or has a known ocular condition. Contact-lens fittings and pricing are handled by the Contact Lens Department, not on the scheduling call.

6. Patient Communication

6.1 Plain-Language Explanation — Routine vs. Medical

Use this language when a patient asks why their appointment is scheduled a certain way. All staff use the same explanation (mirrors Script 11).

Routine vision exam:

For wellness, glasses, or refraction when there are no active eye problems or known diseases being managed.

Medical eye exam:

For symptoms, injuries, diagnoses, or disease follow-up the doctor needs to evaluate medically. Billed to your medical insurance because the physician's evaluation addresses a medical concern.

When a patient asks about switching insurance:

"If the doctor checks everything and it turns out there are no medical problems, we can always switch it over and use your routine vision benefits."

■ **Wording standard (matches locked scripts): In an insurance-collection block, where the patient has not yet confirmed vision coverage, use "routine vision benefit if you have any." In a pushback or explanation line, where the patient has already indicated they have vision coverage, use "routine vision benefits." Do not overpromise a benefit the patient may not have.**

6.2 When a Routine Visit Converts to Medical In-Office

■ *Physician notification process confirmed by Dr. Carlin, May 14, 2026. (Mirrors Scripts 13, 17, and 19.)*

Physician or designee notifies the patient verbally that the visit is being reclassified as a medical eye exam and explains the reason in plain language.

Technician reviews the refraction letter with the patient in the exam room.

For urgent findings, care is never delayed. The patient is informed of the reclassification as soon as safely possible.

For non-urgent findings, benefits must be verified before additional services proceed. The front desk comes to the patient in the exam room; the patient is not sent to the front desk. If benefits are unclear, offer the reschedule option (Script 19) or proceed with patient consent after discussing costs.

The specific operational protocol for benefits verification will be finalized by Amy and Dr. Carlin during rollout, once the practice has tracked the volume and frequency of these conversions.

7. Call Flow — Universal Opening (New and Returning Patients)

- *This flow mirrors the locked scripts exactly. Doctor selection follows the routing decision; it does not come before the chief complaint. This corrects the earlier draft, which had placed doctor selection before the chief complaint.*

Every call begins with the Universal Call Opening (Steps 1–5). After the routing decision at Step 5, the matching numbered script picks up and doctor selection, demographics, and insurance follow within that script.

Universal Call Opening — Steps 1–5 (every call)

After Routing — Within the Numbered Script (order for Scripts 1–3)

- *Self-pay rates: $160 new patient, $140 returning within 3 years.*
- Portal step, all patients: "Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork. We appreciate you completing this before your appointment — it will allow for a more efficient visit."
- LASIK evaluation offer is made in the Script 1 close (routine exam) only — not in the medical exam or age-55 redirect closes.

7.1 Returning-Patient Classification Aids

Before routing a returning patient, check the Compulink recall note, prior visit type, and known diagnoses Apply these in order:

Recall note reflects medical follow-up, or a known medical diagnosis is on record → schedule as medical (Script 2).

Recall note indicates annual routine and no symptoms are reported on screening → may schedule as routine.

If unclear, apply the same Step 4 symptom screening and the age-55 blur rule, then classify. If still unclear, escalate — do not guess.

- *If a patient declines a recommended appointment, document it in the scheduling comment box. Confirmed by Amy, June 11, 2026. (New patients: no documentation required — no Compulink record exists.)*

8. Training Notes

The patient's stated preference is never sufficient. Symptoms and history must be verified.

Schedulers are not diagnosing; they apply a decision framework.

Urgency always overrides classification. SOP 2 interrupts SOP 1.

Escalate to the technician or clinician on duty when unclear. Never guess.

All staff, including physicians, use the same plain-language explanation for patients.

Collect both insurance cards after doctor selection and demographics — the last step before confirming the appointment.

If the appointment is more than two weeks out, offer the patient a spot on the wait list.

SOP 2 — Triaging Medical Emergencies

All Staff: Call Center, Front Desk, Technicians, Physicians

1. Purpose

This SOP provides a shared standard for identifying urgent eye complaints and assigning scheduling urgency based on symptom type, onset, and clinical features — consistent, safe triage without staff ever guessing or diagnosing. It mirrors Scripts 4–8.

2. Scope

Applies to all new and returning patients who report urgent symptoms during a scheduling call. Any call routed through SOP 1 that identifies urgent symptoms transitions immediately to SOP 2.

3. Core Standards

All urgent calls are scheduled as medical eye exams.

Staff are not diagnosing; they apply a triage question set and timing protocol.

Onset timing is a required question on every urgent call.

Flashes and floaters must always be asked about and documented explicitly, even if the patient did not volunteer them.

When unsure, escalate to the technician or clinician on duty. Never guess.

If same-day care is recommended and the patient declines, the refusal must be documented.

■ *Documentation: returning patients — document in the scheduling comment box; new patients — no documentation required, as no Compulink record exists. Confirmed by Amy, June 11, 2026.*

4. General Triage Sequence

Follow these steps for every urgent call, in order:

Step 1: Identify the symptom category (Section 5).

Step 2: Ask when it started. Capture the onset bucket: past 24 hours, 1 day to 1 week, 1 week to 1 month, more than 1 month.

Step 3: Ask about pain, vision change, or worsening features where relevant.

Step 4: Apply the timing grid (Section 6) to assign urgency.

Step 5: Escalate if the presentation sounds more severe than the grid suggests, or when in doubt.

■ **Onset is not optional. Staff must not react only to the symptom label. Timing determines urgency.**

5. Symptom Categories and Key Questions

Quick-reference table for use during the call. Detailed guidance follows.

5.1 Vision Problems (Script 4)

Includes blurred vision, field defects, spots, flashes, floaters, and double vision. Ask what the patient is seeing (blur, missing areas, flashing lights, floating shapes, double vision), when it started (onset bucket), whether it is worsening, and whether there is pain.

■ **Flashes and floaters must always be specifically asked about and documented, even if the patient did not volunteer them.**

5.2 Eye Trauma (Script 5)

Ask about vision change first. What happened (hit, foreign body, sharp vs. blunt)? Is there pain? Any vision change? When did it occur? The timing grid applies only when there is no vision loss.

■ **Vision loss with trauma: ASAP. Do not apply the timing grid. Escalate immediately.**

5.3 Red Eye (Script 6)

Urgency is feature-driven, not onset-driven. Ask all four before assigning timing: Is the eye painful? Is vision blurred? Is there any discharge? When did the redness begin? Pain → Today. Blurred vision → Today. Discharge only → 1 to 2 Days. Redness only → apply the standard onset grid.

5.4 Headache with Possible Eye Involvement (Script 7)

Route through triage when the headache may relate to the eyes or vision. Ask when it started and whether there are visual symptoms (blur, flashes, double vision). Apply the standard onset grid; escalate immediately if visual symptoms are present.

5.5 Change in Appearance (Script 8)

Includes enlarged pupil and swollen eyelid. Ask what changed, whether there is pain, when it started, and whether it is worsening.

■ **Enlarged pupil: Today, always, regardless of onset. Do not apply the timing grid.**

■ *Swollen eyelid with pain: Today. Pain is a standalone Today trigger regardless of onset. Confirmed by Dr. Carlin, May 25, 2026. Swollen eyelid without pain: apply the onset grid.*

6. Timing Grid — Dr. Carlin's Protocol

Apply the grid after identifying the symptom category and capturing onset.

7. Escalation Path

Escalation is expected and supported. It is never a sign of failure.

■ **Always escalate when: the presentation sounds worse than the grid suggests; vision loss with trauma; enlarged pupil is present; or the patient cannot describe symptoms clearly.**

8. Documentation Checklist

For every urgent call, record in the chart:
Symptom category identified
Onset bucket captured (past 24 hrs · 1 day–1 wk · 1 wk–1 mo · more than 1 mo)
Urgency assigned (Today · 1 to 2 days · within 1 week · 2 to 3 weeks)
Flashes and floaters: asked about and patient response documented
Case escalated: yes or no, and to whom
Patient declined same-day eval: document recommendation and refusal

■ *Returning patients: document in the scheduling comment box. New patients: no documentation required. Confirmed by Amy, June 11, 2026. (Refusal handling mirrors Scripts 15 and 16.)*

9. Training Notes

Staff are not diagnosing; they apply a structured question set and timing protocol.

Onset timing is required on every urgent call.

Flashes and floaters must always be asked about explicitly.

Enlarged pupil is always Today; the timing grid does not apply.

Trauma with vision loss is ASAP; the timing grid does not apply.

Red eye urgency is feature-driven (pain, blur, discharge, none), not onset-driven.

Swollen eyelid with pain is Today, always; pain overrides the onset grid.

Escalate to the technician or clinician on duty when unsure. Never guess.

Documenting advice given and patient refusal protects both patient and practice.

Section 4 — Scripts 1–8 | Scheduling and Triage

Scripts 1–8 cover all inbound scheduling and triage calls. Every call begins with the Universal Call Opening (Steps 1–5). After the routing decision at Step 5, staff goes directly to the matching numbered script. All scripts were approved by Dr. Richard Carlin, July 2026.

UNIVERSAL CALL OPENING · Every call begins here — Steps 1–5

This opening applies to every inbound call without exception. Do not select a numbered script until Step 5 tells you where to go.

Follow this opening for every inbound call. Do not select a numbered script until Step 5 tells you where to go.

STEP 1 — Greeting

STAFF: Thank you for calling Carlin Vision, this is [Name]. How may I help you today?

PATIENT: *[Patient states reason for calling]*

STAFF: I'm happy to help with that. Let me ask you a few questions to make sure we get you scheduled correctly.

STEP 2 — Patient type, name, and date of birth

STAFF: Have you been seen here at Carlin Vision before?

PATIENT: *Yes, I've been a patient here. / No, I'm new to the practice.*

IF NEW PATIENT:

STAFF: Wonderful! We're so glad you called.

STAFF: May I have your name?

STAFF: And your date of birth, [Name]?

- Date of birth is used to locate the patient in Compulink and verify the 55-plus rule without asking age directly.
- Quick reference for 2026: patients born in 1971 or earlier are 55 or older. Update this cutoff year every January.

IF RETURNING PATIENT:

STAFF: Welcome back! May I have your name and date of birth so I can confirm your information?

- Find the patient in Compulink before continuing.

STEP 3 — Chief complaint

STAFF: What can we help you with today, [Name]?

STAFF: Tell me a little about what's been going on.

PATIENT: *[Patient describes reason for calling]*

STEP 4 — Screening

STAFF: Have you noticed any discomfort, changes in your vision, redness, or anything else that's been concerning you?

TRIAGE SCRIPTS 4–8 · Exit Universal Opening immediately on urgent symptom

Leave the Universal Call Opening the moment an urgent symptom is reported. All triage visits are medical eye exams.

Standard Timing Grid — Scripts 4, 5, 7

Onset	No Loss / No Pain	Pain or Vision Loss	Worsening
Past 24 hours	Today	ASAP	ASAP
1 day to 1 week	1–2 Days	Today	ASAP
1 week to 1 month	Within 1 week	Today / Escalate	Today / Escalate
More than 1 month	2–3 weeks	1–2 Days / Escalate	Escalate

■ **URGENT EXIT — Stop. Go to triage script immediately.**

■ If no urgent symptoms → continue to Step 5.

STEP 5 — Classify and route

ROUTING DECISION · Based on the patient's answers, go to the correct script:

Any urgent symptom (sudden onset under 1 week · pain · flashes · floaters · field defect · double vision · trauma)	· **Scripts 4-8**
Symptoms, known eye disease, or disease follow-up	· **Script 2 · Medical Eye Exam**
Age 55 or older with blurred vision	· **Script 3 · Age 55+ Blur Redirect**
No symptoms, no known disease, under 55 or no blur	· **Script 1 · Routine Eye Exam**

Script 1 — Routine Eye Exam

Scheduling — Call Center

Used when the patient has no symptoms, no known eye disease, and is under 55 or has no blurred vision. This is a wellness or glasses check. Billed to vision plan.

STEP 1 — Confirm visit type

STAFF: I'll get you set up for a routine eye exam.

STEP 2 — Doctor selection

- RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.
- NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.
- URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 3 — Insurance

STAFF: May I get your insurance information?

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- If we do not participate in their plan → offer self-pay rates and close warmly.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 4 — Close

STAFF: Now, let's find a time that works for you, [Name].

STAFF: You're all set! Your routine eye exam with Dr. [Last Name] is scheduled for [date and time]. We look forward to seeing you. If anything comes up before your appointment, don't hesitate to give us a call.

STAFF: Before we let you go — would you like a complimentary evaluation to see if you're a LASIK candidate?

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork. We appreciate you completing this before your appointment — it will allow for a more efficient visit.

■ If the appointment is more than two weeks out: "If an earlier opening comes up, I can add you to our wait list. Would that be helpful?"

■ *END — Appointment confirmed. Document as required.*

■ PUSHBACK: "Why do you need my medical insurance? It's just a routine exam."

PATIENT: *Why do you need my medical insurance for a regular visit?*

STAFF: Sometimes during the exam our doctors may notice something they want to take a closer look at. If that happens, we want to make sure we already have everything on file for you — no delays, no extra steps on your end.

■ PUSHBACK: "I don't have insurance — can I still be seen?"

PATIENT: *I don't have insurance. Can I still come in?*

STAFF: Of course! We see self-pay patients and are glad to work with you. For a new patient, the rate is $160. That covers a complete eye health evaluation — cataracts, glaucoma, other eye diseases, and your prescription update.

STAFF: If you've been seen here within the last three years, the rate is $140.

STAFF: If any specialized testing is needed, we'll go over that with you at the time of your visit.

■ *Self-pay rates: $160 new patient, $140 returning within 3 years.*

Script 2 — Medical Eye Exam

Scheduling — Call Center

Used when the patient reports symptoms, a known eye condition, or follow-up care. Billed to medical insurance. Includes explanation of billing and option to switch to routine benefits if no medical problem is found.

STEP 1 — Classify and set expectations

STAFF: Based on what you've described, [Name], our doctors will want to do a thorough evaluation. I'll schedule this as a medical eye exam.

STEP 2 — Doctor selection

- RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.
- NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.
- URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 3 — Insurance

STAFF: May I get your insurance information? As this is a medical exam, it will be billed to your medical insurance. And if the doctor checks everything and it turns out there are no medical problems, we can always switch it over and use your routine vision benefit if you have any.

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- If we do not participate in their plan → offer self-pay rates and close warmly.
- *Self-pay rates: -pay rates: New patient range is $86-$260 with a 15% discount if paid in full it's $73.10-$221. Established patient range is $86-$212 with 15% discount if paid in full time of visit it's $73.10-$180.20*

STEP 4 — Close

STAFF: Now, let's find a time that works for you, [Name].

STAFF: You're all set! Your medical eye exam with Dr. [Last Name] is scheduled for [date and time]. We look forward to seeing you. If your symptoms get worse before your appointment, please call us right away.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork. We appreciate you completing this before your appointment — it will allow for a more efficient visit.

■ If the appointment is more than two weeks out: "If an earlier opening comes up, I can add you to our wait list. Would that be helpful?"

■ *END — Appointment confirmed. Document as required.*

■ **PUSHBACK: "Why is it a medical exam? Can I just come in as routine?"**

PATIENT: *I don't want to use my medical insurance — can't I just come in for a regular visit?*

STAFF: Based on what you described, there's most likely an underlying medical cause our doctors need to evaluate properly. If they check everything and it turns out there are no medical problems, we can always switch it over and use your routine vision benefits.

STAFF: If you'd like, I can have our benefits specialist give you a call before your visit to walk you through your specific coverage.

■ **PUSHBACK: Returning patient: "I just want my glasses updated — I don't need a full exam."**

PATIENT: *I just need a prescription update. That's all.*

■ If the patient has a known medical diagnosis on record → must still be scheduled as medical.

STAFF: We'll make sure your prescription gets updated during your visit, [Name]. The reason I'm scheduling this as a medical exam is that our doctors will also need to check on your [condition] at the same time — so everything gets taken care of in one appointment.

■ **PUSHBACK: "I don't have insurance — can I still be seen?"**

PATIENT: *I don't have insurance. Can I still come in?*

STAFF: Of course! We see self-pay patients and are glad to work with you. For a new patient, the range is $86-$260 with a 15% discount if paid in full, so $73.10-$221. That covers a complete eye health evaluation — cataracts, glaucoma, other eye diseases, and your prescription update.

STAFF: If you've been seen here within the last three years, the rate is $140.

STAFF: If any specialized testing is needed, we'll go over that with you at the time of your visit.

■ *Self-pay rates: New patient range is $86-$260 with a 15% discount if paid in full it's $73.10-$221. Established patient range is $86-$212 with 15% discount if paid in full time of visit it's $73.10-$180.20*

Script 3 — Age 55+ Blur Redirect

Scheduling — Call Center

Used when a patient age 55 or older reports blurred vision as their chief complaint — even if they ask for routine. After age 55, new vision changes require a medical evaluation per Dr. Carlin's confirmed protocol.

- Quick reference for 2026: patients born in 1971 or earlier are 55 or older. Update this cutoff year every January.
- *All patients age 55 or older with blurred vision are scheduled as a medical eye exam.*

STEP 1 — Redirect to medical and address prescription

- Date of birth from Step 2 confirms patient is 55 or older. Apply the age-based blur rule.

STAFF: After about age 55, vision generally remains about the same unless there is an underlying medical condition. Our doctors will need to do a thorough examination to rule out any medical cause.

STAFF: If it turns out there are no medical problems, we can always switch it over and use your routine vision benefits.

STAFF: And if you do need an updated prescription, the doctor can take care of that during the same visit.

STEP 2 — Doctor selection

- RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.
- NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.
- URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 3 — Insurance

STAFF: May I get your insurance information?

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- If we do not participate in their plan → offer self-pay rates and close warmly.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 4 — Close

STAFF: Now, let's find a time that works for you, [Name].

STAFF: You're all set! Your medical eye exam with Dr. [Last Name] is scheduled for [date and time]. We look forward to seeing you. If anything comes up before your appointment, don't hesitate to give us a call.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork. We appreciate you completing this before your appointment — it will allow for a more efficient visit.

■ If the appointment is more than two weeks out: "If an earlier opening comes up, I can add you to our wait list. Would that be helpful?"

■ *END — Appointment confirmed. Document as required.*

■ PUSHBACK: "I just want a routine exam — I don't want to use my medical insurance."

PATIENT: *Can't I just come in for a regular checkup? I just want to use my vision benefits.*

STAFF: I completely understand, [Name]. The reason we're handling this a little differently is that you've mentioned a change in your vision. Our doctors want to make sure they're evaluating any possible cause — not simply updating the prescription. If it turns out there are no medical problems, we can always switch it over and use your routine vision benefits.

STAFF: If you have any questions about your specific coverage, I can have our benefits specialist give you a call before your appointment.

■ PUSHBACK: "I've always had a routine exam here — why is this different?"

PATIENT: *I've been coming here for years and it's always been routine.*

STAFF: The reason today is a little different, [Name] — you've mentioned a change in your vision, and our doctors want to make sure they're not missing anything. If it turns out there are no medical problems, we'll switch it right over and use your routine vision benefits.

■ PUSHBACK: "I don't have insurance — can I still be seen?"

PATIENT: *I don't have insurance. Can I still come in?*

STAFF: Of course! We see self-pay patients and are glad to work with you. For a new patient, the rate is $160. That covers a complete eye health evaluation — cataracts, glaucoma, other eye diseases, and your prescription update.

STAFF: If you've been seen here within the last three years, the rate is $140.

STAFF: If any specialized testing is needed, we'll go over that with you at the time of your visit.

■ *Self-pay rates: $160 new patient, $140 returning within 3 years.*

Script 4 — Triage: Vision Problem

Triage — Urgent — Call Center

Used for blurred vision with urgency triggers, flashes, floaters, field defects, or double vision. All triage visits are medical eye exams. Exit the Universal Opening immediately when any urgent symptom is identified.

STEP 1 — Acknowledge and get name

STAFF: I hear you, [Name]. Let me make sure we get you the right help.

■ If name not yet collected from Universal Opening: get it now. Use it throughout the call.

STEP 2 — Clarify symptoms

STAFF: Can you describe what you're experiencing? Are you seeing blur, flashing lights, floating shapes, missing areas of your vision, or double vision?

STEP 3 — Onset (required on every call)

STAFF: When did this start — in the last 24 hours, over the past few days, or longer?

■ Capture onset bucket. Apply timing grid above.

STEP 4 — Pain and worsening

STAFF: Is there any pain or pressure in your eye? And has it been getting worse?

STEP 5 — Flashes and floaters (always ask)

STAFF: Are you seeing any flashing lights or any new floating spots or shapes?

■ Flashes and floaters must always be asked about and documented — even if the patient did not mention them.

STEP 6 — Doctor selection

■ RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.

■ NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.

■ URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 7 — Insurance

STAFF: May I get your insurance information?

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 8 — Schedule and close

STAFF: Based on what you've described, [Name], I want to make sure our doctors see you today or within the next day or two. Let me get you scheduled right now.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork.

STAFF: You're all set — your appointment with Dr. [Last Name] is at [date and time]. Please call us right away if anything gets worse before then.

- *END — Appointment confirmed. Document as required.*

PUSHBACK: Patient declines recommended timing

PATIENT: *I don't think it's that serious. I'll wait and see.*

STAFF: I understand, [Name], and I respect your decision. I do want you to know that with what you are describing, our doctors would really want to see you soon. Please call us back right away if anything changes or gets worse.

- RETURNING PATIENT: Document recommendation and patient's response in the scheduling comment box.
- NEW PATIENT: No documentation required — no Compulink record exists.

Script 5 — Triage: Eye Trauma

Triage — Urgent — Call Center

Used when the patient reports any eye injury. Ask about vision loss first — if present, schedule ASAP regardless of other factors.

STEP 1 — Acknowledge and get name

STAFF: I'm glad you called. Let's make sure we take care of you right away, [Name].

■ If name not yet collected: get it now.

STEP 2 — What happened

STAFF: Can you tell me what happened — was it a hit to your eye, something that got in your eye, or another type of injury?

STEP 3 — Vision change (ask first — most critical)

STAFF: Is your vision affected right now — any change at all in what you're seeing?

■ ANY vision loss or change → ASAP. Do not apply the timing grid.

■ **URGENT EXIT — Stop. Go to triage script immediately.**

■ If no vision loss → continue with onset questions and apply timing grid.

STEP 4 — Pain

STAFF: Is there any pain?

STEP 5 — Onset

STAFF: When did this happen — in the last 24 hours, or earlier?

STEP 6 — Doctor selection

■ RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.

■ NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.

■ URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STAFF: And the best phone number to reach you?

STAFF: If we happen to get cut off, is this the best number?

STAFF: And an email address for your appointment reminders?

■ Enter all information in Compulink. Full registration completes in office or through the portal.

STEP 8 — Insurance

STAFF: May I get your insurance information?

■ Collect both vision and medical insurance. If patient has only one type, note it and continue.

■ *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 9 — Schedule and close

STAFF: Based on what you've described, [Name], I want to make sure our doctors see you today or as soon as possible. Let me get you scheduled right now.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork.

STAFF: You're all set — your appointment with Dr. [Last Name] is at [date and time]. Please call us right away if anything gets worse before then.

■ *END — Appointment confirmed. Document as required.*

■ PUSHBACK: Patient declines recommended timing

PATIENT: *I don't think it's that serious. I'll wait and see.*

STAFF: I understand, [Name], and I respect your decision. I do want you to know that with what you are describing, our doctors would really want to see you soon. Please call us back right away if anything changes or gets worse.

■ RETURNING PATIENT: Document recommendation and patient's response in the scheduling comment box.

■ NEW PATIENT: No documentation required — no Compulink record exists.

Script 6 — Triage: Red Eye

Triage — Urgent — Call Center

Used when the patient reports a red or pink eye. Urgency is feature-driven (not onset-based): ask about pain, vision, discharge, and onset before assigning timing.

STEP 1 — Acknowledge and get name

STAFF: I hear you, [Name]. Let me ask you a few questions to make sure we get you the right help.

■ If name not yet collected: get it now.

STEP 2 — Pain (ask first)

STAFF: Is the eye painful?

■ Pain → Today.

STEP 3 — Vision

STAFF: Is your vision blurry in that eye?

■ Blurred vision → Today regardless of pain or onset.

STEP 4 — Discharge

STAFF: Is there any discharge — any crust, drainage, or sticky feeling around the eye?

STEP 5 — Onset

STAFF: When did the redness start?

STEP 6 — Doctor selection

■ RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.

■ NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.

■ URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 7 — Insurance

STAFF: May I get your insurance information?

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 8 — Schedule and close

STAFF: Based on what you've described, [Name], I want to make sure our doctors see you today or within the next day or two. Let me get you scheduled right now.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork.

STAFF: You're all set — your appointment with Dr. [Last Name] is at [date and time]. Please call us right away if anything gets worse before then.

- *END — Appointment confirmed. Document as required.*

■ PUSHBACK: Patient declines recommended timing

PATIENT: *I don't think it's that serious. I'll wait and see.*

STAFF: I understand, [Name], and I respect your decision. I do want you to know that with what you are describing, our doctors would really want to see you soon. Please call us back right away if anything changes or gets worse.

- RETURNING PATIENT: Document recommendation and patient's response in the scheduling comment box.
- NEW PATIENT: No documentation required — no Compulink record exists.

Script 7 — Triage: Headache with Possible Eye Involvement

Triage — Urgent — Call Center

Used when the patient reports a headache that may involve the eyes or vision. Ask about onset first, then visual symptoms.

STEP 1 — Acknowledge and get name

STAFF: I'm glad you called, [Name]. Let me ask you a couple of things.

- If name not yet collected: get it now.

STEP 2 — Onset

STAFF: When did the headache start — in the last 24 hours, over the past few days, or longer?

STEP 3 — Visual symptoms (escalate if present)

STAFF: Along with the headache, are you having any changes in your vision — any blurring, flashing lights, or double vision?

- Visual symptoms present → escalate immediately to clinician on duty. Do not guess.
- **ESCALATE — Transfer to clinician or technician on duty.**
- No visual symptoms → apply standard timing grid and schedule accordingly.

STEP 4 — Doctor selection

- RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.
- NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.
- URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 5 — Insurance

STAFF: May I get your insurance information?

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 6 — Schedule and close

STAFF: Based on what you've described, [Name], I want to make sure our doctors see you today or within the next day or two. Let me get you scheduled right now.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork.

STAFF: You're all set — your appointment with Dr. [Last Name] is at [date and time]. Please call us right away if anything gets worse before then.

- *END — Appointment confirmed. Document as required.*

■ PUSHBACK: Patient declines recommended timing

PATIENT: *I don't think it's that serious. I'll wait and see.*

STAFF: I understand, [Name], and I respect your decision. I do want you to know that with what you are describing, our doctors would really want to see you soon. Please call us back right away if anything changes or gets worse.

- RETURNING PATIENT: Document recommendation and patient's response in the scheduling comment box.
- NEW PATIENT: No documentation required — no Compulink record exists.

Script 8 — Triage: Change in Appearance

Triage — Urgent — Call Center

Used when the patient reports a change in the appearance of their eye or eyelid. Enlarged pupil = Today always. Swollen eyelid with pain = Today always (standalone trigger, confirmed Dr. Carlin).

- *Swollen eyelid with pain = Today. Pain is a standalone Today trigger regardless of onset.*

STEP 1 — Acknowledge and get name

STAFF: I'm glad you called, [Name]. Let's make sure we get you seen.

- If name not yet collected: get it now.

STEP 2 — What did the patient notice

STAFF: Can you describe what you noticed — is it a change in the size of your pupil, swelling around your eye, or something else?

STEP 3 — Enlarged pupil

- Enlarged pupil = Today ALWAYS. Do not apply the timing grid.

STAFF: [Name], an enlarged pupil is something our doctors want to evaluate right away. I'm going to get you in today.

STEP 4 — Swollen eyelid: pain

STAFF: Is there any pain or discomfort with the swelling?

- Pain → Today (standalone trigger). Pain overrides onset grid.

STEP 5 — Onset and worsening

STAFF: When did you first notice this?

STAFF: Has it been getting worse?

- Worsening → escalate or move to more urgent slot regardless of onset bucket.

STEP 6 — Doctor selection

- RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them." Change only if patient requests it.
- NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?" Default: first available. Honor preference if stated.
- URGENT: Timing overrides doctor preference. Offer another Carlin Vision doctor if preferred doctor is unavailable.

STEP 7 — Insurance

STAFF: May I get your insurance information?

- Collect both vision and medical insurance. If patient has only one type, note it and continue.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

STEP 8 — Schedule and close

STAFF: Based on what you've described, [Name], I want to make sure our doctors see you today or within the next day or two. Let me get you scheduled right now.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork.

STAFF: You're all set — your appointment with Dr. [Last Name] is at [date and time]. Please call us right away if anything gets worse before then.

- *END — Appointment confirmed. Document as required.*

PUSHBACK: Patient declines recommended timing

PATIENT: *I don't think it's that serious. I'll wait and see.*

STAFF: I understand, [Name], and I respect your decision. I do want you to know that with what you are describing, our doctors would really want to see you soon. Please call us back right away if anything changes or gets worse.

- RETURNING PATIENT: Document recommendation and patient's response in the scheduling comment box.
- NEW PATIENT: No documentation required — no Compulink record exists.

Section 5 — Scripts 9–19 | Explanation and Front Desk

Scripts 9–19 are not used for initial scheduling calls. They are used when a staff member needs to explain a concept to a patient, handle a specific in-call situation, or complete a front desk workflow. Each script has a label identifying who uses it and when.

Script 9 — Symptom Screening Insert

Insert — Call Center · All Staff

Not a standalone script. Used during Universal Opening Step 4 when the patient indicates YES to any symptom. Work through the applicable follow-up questions before classifying the call.

Vision changes

STAFF: What are you noticing with your vision? Are you seeing any blur, flashing lights, floating shapes, missing areas, or double vision?

- Any of these → route to appropriate triage script.

Pain or discomfort

STAFF: Is there any pain, pressure, or sensitivity to light?

- Pain with any eye symptom → Today. Go to appropriate triage script.

Redness or discharge

STAFF: Is the eye red or pink? Any discharge, crust, or sticky feeling?

- Red eye with pain or blur → Today. Discharge only → 1–2 Days.

Swelling or appearance changes

STAFF: Have you noticed any swelling around your eye, or any change in the size or appearance of your pupil?

- Enlarged pupil → Today always. Swollen eyelid with pain → Today.

Known eye disease

STAFF: Do you have any existing eye conditions — for example, glaucoma, macular degeneration, diabetic eye disease, or any post-surgical care you're following up on?

- Known medical diagnosis → classify as medical (Script 2) regardless of chief complaint.
- *END — Interaction complete. Document as required.*

Script 10 — Returning Patient with Known Diagnosis

Scheduling — Call Center

Used when a returning patient requests glasses or a routine exam, but has a known medical diagnosis on record. Must be scheduled as medical regardless of what the patient is asking for.

STEP 1 — Acknowledge and redirect warmly

PATIENT: *I just need my glasses prescription updated. / I'd like to come in for my annual checkup.*

STAFF: Of course — and we'll make sure your prescription is taken care of. Let me pull up your information.

STAFF: Because our doctors will also need to check on your [condition] during the same visit, I'll go ahead and schedule this as a medical eye exam. That way everything gets taken care of at once.

- DO NOT schedule as routine if a known medical diagnosis is on record. This applies even when the patient only asks for a glasses update.

Doctor selection

- RETURNING PATIENT: State the doctor. Do not ask. "You've been seen with Dr. [Last Name] — I'll get you scheduled with them."
- NEW PATIENT: "Do you have a doctor you'd like to see, or would you like the first available appointment?"

Demographics

RETURNING:

STAFF: Let me just verify your information is still current. Can you confirm your address for me?

STAFF: And the best phone number to reach you? And an email for your appointment reminders?

- Update all fields in Compulink.

NEW PATIENT:

STAFF: I'll need to collect a little information from you. What's your current address?

STAFF: And the best phone number to reach you? And an email for your reminders?

- Enter all information in Compulink. Full registration completes in office or through the portal.

Insurance

STAFF: May I get your insurance information? As this is a medical exam, it will be billed to your medical insurance. And if the doctor checks everything and it turns out there are no medical problems, we can always switch it over and use your routine vision benefit if you have any.

- Collect both vision and medical insurance.
- *Self-pay rates: $160 new patient, $140 returning within 3 years.*

Close

STAFF: Now, let's find a time that works for you, [Name].

STAFF: You're all set! Your medical eye exam with Dr. [Last Name] is scheduled for [date and time]. If anything comes up, don't hesitate to give us a call.

STAFF: Please go to our website, www.carlinvision.com. At the top of the page, go to About, then Forms to update your patient paperwork before your appointment.

- If more than two weeks out: offer the wait list.
- *END — Interaction complete. Document as required.*

PUSHBACK: "I just want my glasses — I don't need a full exam."

PATIENT: *Can't I just come in for a glasses update?*

STAFF: Your prescription will definitely be updated during your visit, [Name]. The reason I'm scheduling this as a medical exam is that our doctors will also need to check on your [condition] at the same time. You'll get everything taken care of in one appointment — no extra trip needed.

Script 11 — Explaining Routine vs. Medical

Explanation — All Staff

Use any time a patient asks why their appointment is being scheduled as routine or medical. All staff — call center, front desk, and technicians — use the same language.

Routine exam explanation

STAFF: A routine eye exam is for your general eye health and vision — checking your eyes and updating your glasses prescription. This is typically covered by your vision plan.

Medical exam explanation

STAFF: A medical eye exam is when our doctors need to evaluate a specific concern — a symptom you've described, a condition they're monitoring, or something they want to check on. This is billed to your medical insurance.

When they ask about switching insurance

STAFF: If the doctor checks everything and it turns out there are no medical problems, we can always switch it over and use your routine vision benefits.

■ PUSHBACK: "Why can't I just use my vision insurance for everything?"

PATIENT: *Why can't I use my vision plan? It should cover my visit.*

STAFF: Vision plans are designed for wellness exams and prescription updates. When there's a medical concern, it goes through your medical insurance. If our doctors check everything and it turns out there are no medical problems, we can always switch it over and use your routine vision benefits.

■ *END — Interaction complete. Document as required.*

Script 12 — Explaining the Age-55 Blur Rule

Explanation — All Staff

Use when a patient 55 or older questions why their blurred vision is being scheduled as a medical exam. Uses Dr. Carlin's exact confirmed language from May 25, 2026.

■ *Age rule is 55 or older. Confirmed Dr. Carlin, June 11, 2026.*

Explanation

STAFF: After about age 55, vision generally remains about the same unless there is an underlying medical condition. Our doctors will need to do a thorough examination to rule out any medical cause.

STAFF: If it turns out there are no medical problems, we can always switch it over and use your routine vision benefits.

STAFF: And if you do need an updated prescription, the doctor can take care of that during the same visit.

■ **PUSHBACK: "I've been getting routine exams here for years — why is this different?"**

PATIENT: *I always come in for a regular checkup. Why is this different?*

STAFF: The reason today is a little different, [Name] — you've mentioned a change in your vision. After about age 55, new vision changes need a full evaluation so our doctors can rule out any underlying cause. If everything is fine, we'll switch it right over and use your routine vision benefits.

■ *END — Interaction complete. Document as required.*

Script 13 — Routine to Medical Conversion — In-Office

In-Office — Physician · Technician · Front Desk

Used when a physician identifies a medical finding during a routine visit. Physician notifies the patient. Technician reviews the refraction letter. Front desk comes to the patient in the exam room (non-urgent).

■ *Physician notification process confirmed Dr. Carlin, May 14, 2026.*

STEP 1 — Physician or designee notifies patient

STAFF: During your exam today, our doctor found something they want to evaluate more thoroughly. We're going to reclassify your visit as a medical eye exam so they can take a complete look.

STEP 2 — Technician reviews refraction letter

STAFF: Our technician will go over the refraction letter with you — that covers the prescription portion of your visit and any applicable charges.

■ Technician reviews refraction letter with patient in the exam room.

STEP 3 — Urgent vs. non-urgent

■ URGENT: Proceed with care immediately. Notify patient about reclassification as soon as safely possible. Care is never delayed.

■ NON-URGENT: Front desk comes to the patient in the exam room to verify benefits before additional services proceed. Do NOT send patient to the front desk.

STEP 4 — Benefits verification (non-urgent)

STAFF: Hi [Name] — I just need a moment to go over a couple of things with you before we continue. This will only take a minute.

STAFF: I want to make sure we have your insurance information confirmed so there are no surprises for you today.

■ If benefits are unclear → present the reschedule option (Script 19) or proceed with patient consent.

■ *END — Interaction complete. Document as required.*

Script 14 — Explaining Same-Day Billing and COB

Explanation — Front Desk · Call Center

Used when a patient asks how billing coordination works when they have both vision and medical insurance. Carlin Vision coordinates benefits for all plans except Spectera and Premier.

■ *Carlin Vision DOES coordinate benefits when filing. Exceptions: Spectera. Aetna, Humana, and Premier only. Confirmed Amy, June 2026.*

Explanation

STAFF: When our doctors perform a medical eye exam, the evaluation is billed to your medical insurance. If your prescription was also updated during the same visit, our billing team coordinates that separately with your vision plan.

STAFF: We handle that coordination for you — you don't need to do anything extra.

If patient asks about Spectera or Premier

STAFF: There are two plans that don't allow same-day coordination: Spectera and Premier. For those plans, the visits would need to be handled separately. Our billing team can walk you through what that looks like.

If patient asks about Aetna or Humana

STAFF: Aetna - Collect copay and refraction
Humana - Collect copay, sign refraction letter, but file the refraction to see what is covered.

■ **PUSHBACK: "Will I be double-billed?"**

PATIENT: *Am I going to get billed twice — once from each insurance?*

STAFF: No, not at all. Our billing team coordinates the two insurances for you. You'll only be responsible for your applicable copays or patient portions — not a double charge.

■ *END — Interaction complete. Document as required.*

Script 15 — Explaining an Urgent Triage Recommendation

Explanation — Call Center · All Staff

Used when a patient questions why same-day or next-day care is being recommended. Warm, firm, honest — does not alarm the patient but explains the clinical reason.

STAFF: Based on what you've described, our doctors would want to take a look at this right away — not because we know it's serious, but because with symptoms like yours, we can't be certain until they examine you. If it turns out to be minor, that's great news. But we'd rather catch it early.

■ PUSHBACK: "It doesn't seem that serious to me."

PATIENT: *I think it can wait. It's not that bad.*

STAFF: I hear you, [Name] — and it very well may not be serious. The reason our doctors recommend being seen soon is that with symptoms like yours, we really can't know until they take a look. If it turns out to be nothing, that's a relief. But if it's something that needs attention, we want to catch it early when it's easier to treat.

STAFF: Please call us right away if anything gets worse before your appointment.

■ *END — Interaction complete. Document as required.*

Script 16 — Documenting Patient Refusal of Recommended Care

Documentation — Call Center · All Staff

Used when a patient declines the recommended appointment timing. Includes a final attempt and clear documentation instructions.

STEP 1 — Final attempt

STAFF: I want to make sure you have all the information, [Name]. Based on what you've described, our doctors would really want to see you today or very soon. Please call us right away if anything gets worse.

STEP 2 — Acknowledge and close

STAFF: I understand, [Name], and I respect your decision. Please don't hesitate to call us back if anything changes or gets worse. We're here for you.

■ RETURNING PATIENT: Document the clinical recommendation and the patient's response in the scheduling comment box in Compulink.

■ NEW PATIENT: No documentation required — no Compulink record exists for this patient yet.

■ *END — Interaction complete. Document as required.*

Script 17 — Benefits Verification — Routine to Medical Conversion

Front Desk — In-Office (Non-Urgent Only)

Used by front desk staff when a non-urgent visit converts to medical. Front desk comes to the patient in the exam room — do not send patient to the front desk.

■ *Front desk comes to the patient in exam room. Confirmed Dr. Carlin, May 14, 2026.*

STAFF: Hi [Name] — I just need a moment to go over a couple of things with you. This will only take a minute.

STAFF: I'm just pulling up your insurance information. I want to make sure we have everything confirmed so there are no surprises for you today.

If benefits are clear

STAFF: Great — everything looks good. Our doctors will continue with your exam shortly.

If benefits are unclear or there is a deductible

STAFF: It looks like there may be [a deductible / a referral requirement / an out-of-network consideration] for this visit. I want to make sure you have all the information before we proceed. Would you like to go over your options?

■ If patient prefers not to proceed → offer reschedule option (Script 19).

■ *END — Interaction complete. Document as required.*

Script 18 — Collecting Both Insurance Cards at Check-In

Front Desk — Every Patient Visit

Used at every patient check-in. Both vision and medical insurance are collected at every visit.

■ *Both vision and medical insurance collected at every visit.*

STAFF: Welcome to Carlin Vision! While I get you checked in, could I please see your insurance cards? We like to have both your vision insurance and your medical insurance on file for every visit.

STAFF: I also have a quick refraction form for you to review and sign — this covers the prescription portion of your visit so there are no surprises on billing.

If patient says they only have one insurance

STAFF: No problem at all. We'll go ahead with what you have. If you do have a second plan, you're always welcome to bring it next time and we can add it to your file.

■ *END — Interaction complete. Document as required.*

Script 19 — Reschedule Option — Non-Urgent In-Office Conversion

Front Desk — In-Office

Used when a patient prefers to verify benefits before proceeding with additional services. Reschedule option for non-urgent conversions was approved by Dr. Carlin, May 14, 2026.

■ *Reschedule option for non-urgent conversions approved Dr. Carlin, May 14, 2026.*

STAFF: You have the option to reschedule this as a medical appointment so you have a little more time to check on your coverage first. Since this is non-urgent, there is no immediate rush — but we do want to get you back in soon.

STAFF: Let me get that set up for you. I'll book you as a medical eye exam, and that will give you time to verify your benefits before you come back.

Close

STAFF: You're all set — your medical eye exam with Dr. [Last Name] is scheduled for [date and time]. Please don't hesitate to call us if you have any questions before then.

■ *END — Interaction complete. Document as required.*

CarlinVision Scheduling and Triage Manual - Release 1: Routine vs. Medical Scheduling · July 2026

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Approved by Dr. Richard Carlin and Amy Hollen · Confidential - Not for Distribution