RETINA MACULA SPECIALISTS PC

Patient Financial Policy

EFFECTIVE 01/01/2019

Thank you for choosing Retina Macula Specialists PC. This patient financial policy has been developed to assist in answering your questions regarding patient and insurance responsibility for services rendered. Your understanding of and compliance with our patient financial policy is important. Please read the policy below and ask our staff any questions you may have and sign as indicated. The original will be maintained in your file and a copy may be provided to you upon your request.

- ❖ INSURANCE POLICY
    - Your insurance policy is a contract between you and your insurance company. You are responsible for providing our practice with your correct insurance information at the time of service or you may be responsible for the charges in full. Should your insurance company fail to pay the insurance claim for services rendered by Retina Macula Specialists PC, you may be responsible for the entire charges submitted to your insurance company. Therefore, we recommend that you follow up with your insurance company if your claim has not been paid within 30 days from the date services were rendered.

- ❖ COPAYMENTS, DEDUCTIBLES, & COINSURANCE
    - Patients are expected to pay at the time of service all amounts known not to be covered by their insurance company. These amounts include copayments, coinsurance, and/or deductibles. Acceptable forms of payment include cash, check, and/or credit card (Visa, MasterCard, Discover). Patients who have not met their deductible or who have what we deem as a "high deductible plan" will be required to pay a $150 deposit at the time of service prior to being seen by the physician. Upon checkout, charges for the visit will be compared to the patient's deductible via Navicure Care Estimator™. If any additional deductible is owed after the $150 deposit has been paid, the patient will be asked to provide their credit card information and authorize an amount to be charged via Navicure Greenlight™ upon receipt of their insurance company's Explanation of Benefits (EOB). For more information on Navicure Care Estimator™ and Navicure Greenlight™, please speak with a member of our front desk or billing office staff.

        Patients who are unable to pay their copayments, deductibles, and/or non-covered charges at the time of service may be asked to reschedule their visit.

- ❖ REFERRALS
  - ▪ Some patients will be required by their insurance company to obtain a referral from their Primary Care Physician authorizing their visit to Retina Macula Specialists PC. It is the patient's responsibility to obtain the referral and ensure the referral is received by Retina Macula Specialists PC prior to the patient's visit.
    - ♦ Patients presenting without a required referral will be asked to sign a waiver by which he/she agrees to pay all charges related to the visit if a referral cannot be obtained to cover the visit. The patient will also be expected to pay $150.00 at the time of their visit and any additional charges at the end of their visit.
    - ♦ If a referral is ultimately received for the visit and if the insurance pays, a refund will be sent to the patient reflecting the insurance payment.
    - ♦ Patients are reminded that many Primary Care Physician offices will not provide a retroactive referral.
    - ♦ Patients presenting without a required referral and who do not agree to sign a waiver and are unable to pay at least the $150.00 office visit fee may be asked to reschedule their appointment(s).

- ❖ SELF-PAY PATIENTS
  - ▪ Self-pay patients (ie. patients with no health insurance) will be expected to pay $150.00 at registration for their office visit and any additional charges at the end of the visit in full.

- ❖ OUTSTANDING BALANCES
  - ▪ Patients with outstanding balances from previous visits will also be asked to pay 50% of any outstanding balances at the time of the new visit. Patients who are unable to pay 50% of any outstanding balances may be asked to reschedule their visit. Exceptions to the 50% payment may only be made upon approval through the business office.

- ❖ COLLECTION FEES
  - ▪ Patient accounts that have not been paid by the patient and/or insurance for 90 or more days since the visit may be referred to a collection agency or attorney for collection. The patient agrees to pay for any costs of collection or legal fees related to these collection efforts, in addition to the account balance.

- ❖ BILLING OFFICE
  - Patients who are experiencing difficulty in making payments on outstanding balances are asked to speak with a member of our billing office in order to establish a fair and appropriate payment plan.
  - Patients may choose to have a credit card securely stored for the purposes of automated payments. Retina Macula Specialists PC utilizes Navicure Greenlight™, which will charge a patient's securely stored credit card for the amount owed as determined by their insurance company, up to the amount authorized by the patient. Navicure Greenlight™ will then email a receipt to the patient. For more information and/or to sign up for Navicure Greenlight™, please speak with a member of our front desk or billing office staff.

- ❖ MISSED APPOINTMENT
  - In the event a patient is unable to keep their scheduled appointment, we ask that the patient provide 24-hour notice of cancellation. Failure to provide this 24-hour notice will result in a $55.00 missed appointment charge. This charge is the responsibility of the patient and will not be submitted to their insurance company. Exceptions to the $55.00 missed appointment charge may only be made due to extenuating circumstances and upon approval through the business office.

- ❖ RETURNED CHECKS
  - In the event a patient's check is returned to our bank as unable to process for any reason, a $35.00 fee will charged to the patient's account.

I have read and understand Retina Macula Specialists PC's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by Retina Macula Specialists PC at any time.

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Signature of Patient (or Guarantor, if applicable)   Date

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Print Name of Patient