Retina & Macular Disease Specialists

Financial Policy

Thank you for choosing Retina & Macular Disease Specialists for your retina care needs. We are committed to providing you with the best quality and affordable care. As your provider, we believe it is important to directly communicate with you relating to your financial responsibilities. The following common items, and how they will be handled, are noted here for your acceptance of terms prior to service.

Insurance: We participate in most insurance plans, including Medicare and Medicaid. While Retina & Macular Disease Specialists will bill insurances on your behalf, knowing your insurance benefits is your responsibility and you are ultimately responsible for your service and its bill. Please contact your insurance company with any questions you may have regarding your coverage. If you are not insured, payment in full is expected at each visit. If you cannot pay your balance in full before the statement due date, you will be expected to contact us to set up a payment arrangement.

Co-Payments: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect copayments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Proof of Insurance & Valid Identification: We must obtain a copy of your current insurance card to provide proof of insurance, as well as a copy of your driver license/ID. For your protection, you will not be able to be seen at our office without a valid form of identification. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims Submission: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

Small Balances, Both Directions: In order to help save the planet and use resources wisely, it is not appropriate to mail bills or send refund checks for patient accounts with total balances of less than $5.00 (debt or credit). These balances will be written off after a reasonable period.

Coverage Changes: If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

Nonpayment: Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. Please contact us to set up a payment plan if needed.

Non-Sufficient Funds: There will be a $35.00 NSF fee on returned checks.

Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Acknowledgement of Financial Policy

I hereby acknowledge that I reviewed and understand this medical practice's Financial Policy and agree to abide by its guidelines.

Signature: _____ Date: _____

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