

Vitreo-Retinal Consultants, Inc.

Financial Policy

Thank you for entrusting Vitreo-Retinal Consultants with your eye care. The following is our Financial Policy, which we require all patients to read and sign prior to treatment or surgery. We also require all patients to complete the Personal and Insurance Information sections of our patient registration form.

Patients receiving care at Vitreo-Retinal Consultants are responsible for their own medical bill. Payment is expected at the time services are rendered. As with any other business, it is necessary for us to receive payment for our services to ensure we can provide top quality care as cost effectively as possible.

Insurance:

We understand that many patients have health insurance coverage, and we accept assignment with many insurance plans. When you arrive for each appointment, please be prepared to confirm your insurance coverage by presenting your current insurance card. We will need to make a copy of this card for our records. We will submit claims for the services you receive to your insurance company. Any balance due after your insurance company has paid their portion or denied payment is your responsibility.

Please be aware that some services may not be covered by your insurance company, or payments may be reduced based on their arbitrary determination of usual & customary rates. We will make every reasonable effort to notify you in advance, if we expect this will be the case. However, your insurance policy is a contract between you and your insurance company, and we cannot be responsible for the coverage decisions of that company. You are responsible for payment regardless of your insurance company's coverage decisions.

Self Pay Patients:

We do provide care for patients who do not carry medical insurance. In this situation, payment is due at the time of service.

Medications:

Some conditions may require treatment with medications that may not be covered by insurance. Please note that these drugs are purchased in advance for your care, and we require prompt payment for these services.

All co-pays, co-insurance and deductibles are due at the time of service.

We charge a \$25.00 fee for all returned checks.

Payment Options:

For balances under \$300: Pay by cash, check or credit card. We accept Visa, Mastercard, Discover & American Express.

- For balances over \$300:**
- 1.) Pay by cash, check or credit card. We accept Visa, Mastercard, Discover & American Express.**
 - 2.) Apply for short-term, interest free financing, with a revolving line of credit, through CareCredit.**
 - 3.) Apply for long-term, 11.9% fixed interest financing, with a revolving line of credit, through CareCredit.**

Questions?

If you have any questions regarding our financial policy or need to discuss payment options before the time of service, please contact our Patient Accounts Department between 8:30 am and 5:00 p.m., Monday through Friday at (330) 494-1116 or 1 (800) 438-1169.

I have read the Vitreo-Retinal Consultants Financial Policy. I understand and agree to its terms and conditions.

Signature of Patient or Responsible Party

Date