

VITREO RETINAL SURGEONS

THOMAS G. WARD, D.O.

FINANCIAL POLICY -- NO INSURANCE

Welcome to Our Practice!

An appointment has been scheduled for you at our office.

VitreO Retinal Surgeons is unique in that we are a specialty practice focused on providing the most up-to-date care and treatment for diseases and surgery of the retina. Members of our staff are specialty-trained professionals who function as a team to ensure your care and comfort are always our primary focus.

We are fully committed to excellence in care, and will always strive to minimize fees as much as possible. Our fees are comparable to others in our specialty and in our medical community. However, due to the complexity of your specific problem, in addition to your initial office visit, the doctor may require diagnostic testing and/or procedures to determine the treatment plan that is right for you. You may call our Insurance Department at (352) 597-2604 or (800) 232-0455 for an "**estimate**" of fees you may incur during your visit with us.

FINANCIAL POLICY

It is our policy that all fees incurred during your visit with us be paid at the time service is rendered. Our office accepts Cash, Check, Debit Card, Visa, Mastercard, and Discover Card. If the aforementioned methods of payment are not an option, we may have another option available to you if need be, Care Credit. This is a credit card company designed specifically for people encountering high medical bills, allowing them to stretch their payments over the course of up to 18 months "interest free." This is a service we are proud to be able to provide to our patients in an attempt to help keep their financial burden to a minimum.

Should Care Credit be an option you wish to explore, the entire approval process can be completed by simply placing a call to our office in advance of your appointment. The application will take only a few moments of your time. If approved, at the time of check-in you will be asked to sign and date your completed application for processing.

We are committed to your care and strive to make your visit with us as comfortable and pleasing as possible. Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

By signing below, I acknowledge that I have read and understand the financial policy of Vitreo Retinal Surgeons, LLC and agree to abide by its guidelines.

Date

Signature of Patient

Printed Name of Patient

(Please bring this signed document with you for your first visit with us)

**PLEASE BRING THIS PAPERWORK AND
THE FOLLOWING INFORMATION WITH YOU
TO YOUR FIRST VISIT WITH US**

1. UPDATED LIST OF MEDICATIONS
(PLEASE UPDATE EVERY 3 MONTHS)
2. PHOTO ID
3. MOST CURRENT INSURANCE CARDS

THANK YOU FOR YOUR ASSISTANCE