

VITREO RETINAL SURGEONS

THOMAS G. WARD, D.O.

FINANCIAL POLICY -- INSURANCE

Welcome to Our Practice!

An appointment has been scheduled for you at our office.

Your General Ophthalmologist has entrusted us with your medical treatment and care. Vitreo Retinal Surgeons is unique in that we are a specialty practice focused upon providing the most up-to-date care and treatment for diseases and surgery of the retina. Members of our staff are 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. For your convenience, we have answered a variety of commonly asked financial questions below.

HOW WILL I PAY?

We accept Cash, Check, Debit Card, Visa, Mastercard and Discover Card. Our returned check fee is \$30.00.

WHAT IS MY FINANCIAL RESPONSIBILITY FOR SERVICES?

Your financial responsibility depends on a variety of factors, explained below:

OFFICE VISITS AND OFFICE PROCEDURES

If You Have....

You Are Responsible For...

Our Staff Will...

Commercial Insurance
Also known as indemnity, "regular" insurance, or "80%/20% coverage"

Payment of the patient responsibility for all office visits, diagnostic tests, injections, procedures, and any other charges at the time of the office visit.

Call your insurance company ahead of time to determine deductibles and coinsurance.

File an Insurance Claim as a courtesy to you.

HMO & PPO plans with which we have a contract

If the services you receive are covered by the plan: All applicable copays and deductibles are required at the time of your office visit.

Call your insurance company ahead of time to determine copays, deductibles, and non-covered services for you.

If the services you receive are NOT covered by the plan: Payment in full is required at the time of your office visit.

File an insurance claim on your behalf.

OFFICE VISITS AND OFFICE PROCEDURES (CONT'D)

If You Have....	You Are Responsible For...	Our Staff Will...
HMO with which we are <u>not contracted</u>.	Payment in full for office visits, diagnostic tests, injections, procedures, and any other charges at the time of your office visit.	Provide the necessary information for you to complete and file your claim directly with the insurance company.
Point of Service Plans/ Out of Network PPO's/ PFFS (Medicare replacement plans)	Payment of any deductibles, copays, coinsurance, or non-covered services are due at the time of your office visit.	Call your insurance company ahead of time to determine our of network benefits <u>if applicable</u> , copays, deductibles, and non-covered services. We will file an insurance claim on your behalf.
<u>United Healthcare</u> <u>(Primary or Secondary)</u> *We do NOT participate	Payment in full according to information obtained from your insurance carrier in accordance with your individual policy.	Call your insurance company ahead of time to determine out of network benefits, <u>if applicable</u> , copays, deductibles, and non-covered services. We will file an insurance claim on your behalf.
Medicare	<p>1. <u>If you have Standard MEDICARE</u> and have not yet met your annual deductible, your deductible is due at the time of service.</p> <p>2. <u>If you have Medicare as primary and also have a secondary insurance:</u> Any copays, coinsurance, or deductibles may be due at the time of visit depending on your individual policy.</p> <p>3. <u>If you have Medicare as primary and do not have secondary insurance:</u> Payment of your 20% coinsurance is due at the time of your visit.</p> <p>4. <u>Any services not covered by Medicare</u> are payable at the time of the visit. You will always be told in advance so that you can make an informed decision.</p>	File the claim on your behalf, as well as any claims to your secondary insurance.

DO I NEED A REFERRAL?

If you have an HMO plan with which we are contracted, you need a referral authorization from your primary care physician. If we have not received an authorization within 24 hours preceding your scheduled visit, **we may be forced to reschedule your appointment.**

SURGERY

A Surgical Counselor will discuss the specifics about the surgery scheduling process, complete the necessary paperwork, order the appropriate pre-surgical testing, and arrange for the pre-certification/authorization, if required, from your insurance company. All applicable fees will be discussed at that time.

VITREO RETINAL SURGEONS, LLC
FINANCIAL POLICY

I understand that I am responsible for the terms and conditions of my individual insurance plan. I authorize my insurance benefits to be paid directly to Vitreo Retinal Surgeons, LLC. I authorize Vitreo Retinal Surgeons to release pertinent medical information to my insurance company when requested or to facilitate payment of a claim. I understand that charges not covered by the insurance company, as well as applicable copayments, coinsurances, and deductibles, are my responsibility.

I have read, understand and agree to the above Financial Policy.

Date

Signature of Patient

Printed Name of Patient

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

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.

**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