

Eye Care & Surgery Associates

Financial Policy

Print Patient Name: _____ Date of Birth: _____

As of February 13, 2015 our financial policy has changed. Please review the following important changes and sign below.

- All copays will be collected at the time of service
Copays are a requirement of your insurance company. As a physician's office we are required by your insurance company to collect those copays. If we are aware of your copay amount, we will collect that copay at the time of service. If you are unable to pay your copay at the time of service, we will reschedule your appointment.
- Self-pay patients will be required to pay at the time of service
All self-pay patients will be required to pay in full at the time of service. If you have any questions on how much your appointment will cost, the billing department can quote you a range for the service. If you cannot pay in full at the time of service, we will gladly set you up on a payment plan where we have your credit card information and run it each month.
- Specialty Lens for Cataract Surgery
Toric and ReSTOR lenses are often available with cataract surgery. Both of these lenses are consider elective and are not covered by insurance. The doctor's fee for inputting this elective lens is required to be paid before the surgery date. The facility will collect their cost on surgery day. If you need to make payments for the elective lens, we will postpone your surgery until the lens is paid in full.

These policies are based on the guidelines of your insurance companies and our collections policy. Eye Care & Surgery Associates is contractually obligated to follow them. Eye Care & Surgery Associates makes every effort to submit claims correctly to ensure that we are in compliance with our contracted insurance carriers AND that you do not receive unexpected medical bills for uncovered services.

Please let us know if you would like any additional clarification on this issue.

Patient/Guardian Signature

Date

Consent to Call

I consent to receiving auto-dialed and/or pre-recorded messages, emails, text messages or other electronic communication from my healthcare provider and/or agents, including without limitations, any account management companies, independent contractors and/or debt collectors for any reason by using any telephone number, cellular or otherwise, provided by me to my medical provider.

Patient/Guardian Signature

Date

Decline Consent to Call