



Vitreo-Retinal Associates

Blue Sky  Partner

## **VRA PATIENT FINANCIAL POLICY**

Thank you for choosing Vitreo-Retinal Associates for your eye care needs. Attached is our financial policy, which we ask that you read and sign prior to receiving treatment or surgery.

### **PAYMENT OF PATIENT CO-PAY IS DUE AT THE TIME OF SERVICE.**

#### **Patient Responsibility**

As a patient of Vitreo-Retinal Associates, you are financially responsible for the services we provide to you outside of what your health insurance agrees to pay. As a courtesy to you, we will file a claim to your insurance plan. Patient balances and co-pays will be collected the day of your appointment at check-in. If you are unsure of your financial responsibility, please contact your insurance plan in advance to obtain this information.

In order to bill your insurance company correctly, we must have your current billing information on file. At each visit we will verify your insurance. Please let us know if your insurance coverage or your address has changed since your last visit. Our billing representatives are available to help with any assistance you may require.

#### **Self-Pay Patient Responsibility**

A self-pay patient is a patient who does not have insurance coverage. Vitreo-Retinal Associates is pleased to be able to provide services to patients that do not have insurance coverage.

#### **However, if you do not have insurance we ask that you agree to the following terms:**

1. Minimum payment of \$50.00 is due at check-in before being seen.
2. All pharmaceuticals used must be paid for in full at the time of service.
3. A payment plan must be established in order to resolve outstanding balances. In order to set up a payment plan, we must have your Visa, MasterCard, or Discover card information kept on file. Your credit card will be charged monthly (according to your agreed upon payment plan) until your balance is paid in full.

#### **Pharmaceutical Balance**

As a courtesy to our patients, Vitreo-Retinal Associates purchases pharmaceuticals in advance to be used for patients. Because of this, we ask that you pay your portion of the pharmaceutical responsibility at the time of service. If the balance is not paid at the time of service, we require that the balance is paid before receiving the pharmaceutical at your next appointment. In order



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to make you aware of the out-of-pocket pharmaceutical cost, a billing representative will contact you prior to your scheduled appointment.

### **Outstanding Patient Balance**

If you come in for an appointment and have an outstanding balance, you will be asked to pay your balance at check-in. If your outstanding balance has already gone to collections, you will be required to establish payment arrangements with our billing department before being seen.

If you do not receive an explanation of benefits (EOB) from your insurance company within 45 days of your visit, please contact your insurance company to verify that a payment has been made. Balances 60 days past due will become your responsibility and you will be expected to make payment arrangements. All past due balances older than 180 days will be turned over to a collection agency. If the collection balance remains unpaid for 365 days, this may result in being discharged from our practice.

### **Methods of Payment**

We accept Cash, Check, Visa, MasterCard, and Discover. We also accept all Health Savings Accounts debit cards. We do not accept post-dated checks, nor will we hold checks for any length of time.

### **Returned Checks**

We assess a \$30.00 fee on checks that have been returned by our bank for non-sufficient funds. We require payment of the bank fee and the amount of the returned check prior to the next appointment.