

PATIENT FINANCIAL POLICY

It is the policy of Nevada Retina Associates (NRA) to have a financial policy that clearly outlines patient and practice financial responsibilities. We are committed to providing our patients with the best possible medical care while minimizing administrative costs. This financial policy has been established with these objectives in mind and to avoid any misunderstanding or disagreements concerning payment for professional services.

Insured Patients

We will bill your primary and secondary insurance carriers as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information, including providing us with copies of your primary and secondary insurance cards and notifying us of any changes made to them at time of check-in. Failure to provide complete and accurate information may result in patient responsibility for the entire bill. It is your insurance company who makes final determination of your eligibility and benefits. If you have a third insurance and provide the information to us, we will be only if you contact us after your other insurances have paid. We will only bill the third insurance if we can do so within timely filing limits.

If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by your insurance, including but not limited to those charges above the usual and customary allowance. If your insurance plan pays you directly, you are responsible for payment and agree to forward the payment to us immediately. If you have a high deductible health plan or a non-participating plan, NRA can require a deposit fee to hold your appointment. The deposit will be applied to whatever balance is not paid by your health insurance plan. You acknowledge that you are responsible for any co-insurance, deductibles or non-covered services not paid by your insurance within the state's required time limitation for paying healthcare claims. Co-payments and unmet deductibles are due at the time of service. Co-insurance is due upon receipt of statement.

Referrals and preauthorization

It is your responsibility to ensure that any required referrals for treatment are provided to NRA prior to your visit. Failure to obtain the authorization or referral may result in your appointment being rescheduled or a higher patient financial responsibility.

Self-pay Patients

Self-pay accounts are patients without insurance, patients covered by non-contracted insurance, or patients without an active insurance card on file. We do not accept attorney letters or contingency payments. It is always the patient's responsibility to know if our office is participating with their plan. Self-pay patients will be required to bring \$500 on their initial visit and will be asked to make arrangements for the remaining balance. Please speak with a billing coordinator or manager to discuss a mutually agreeable payment plan.

Financial Assistance

Financial assistance is available for qualified patients. If you feel that you may qualify, please speak with a staff member to obtain the application.

Returned Checks

A \$30.00 charge will be added to your account for any checks returned to NRA for any reason. This fee is separate from any fees that your bank may charge you for the rejection. Post dated checks are never accepted.

Overpayments

Overpayments under \$50 will be refunded upon patient request. Overpayments over \$50 will be automatically refunded.

Assignment of benefits

- I authorize the release of any medical information necessary to process my insurance claim(s).
- I authorize and request payment of medical benefits directly to my physicians.
- I agree that this authorization will cover all medical services rendered until revoked by me.
- I agree that a photocopy of this form may be used in lieu of the original.
- I understand that I am financially responsible for services deemed my responsibility by my insurance or not covered by my plan.

Nevada Retina Associates does not refuse service for an inability to pay. We reserve the right to refuse service to individuals who refuse to pay, have a history of collections activity, or who have otherwise been written out of the practice. We also reserve the right to refuse service for failure to honor financial obligations. We firmly believe that a good physician-patient relationship is based upon understanding and good communication. It is never our intention to cause a hardship to our patients, only to provide them with the best care possible.

Signature (Patient or Guardian)	Date

10/15/16 UPDATE