



## Financial Policy

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

**Financial Policy and Outstanding Balances** | The patient is responsible for payment of all charges associated with the patient's visit at Desert Retina Consultants (DRC) which is a subsidiary of Pacific Eye Institute (PEI). As courtesy and for your convenience, we will bill your insurance company if you have provided us with all the requested insurance information. You are responsible for your deductible, co-payment, co-insurance, and non-covered service(s) at the time the service(s) are rendered. If you are uncertain of your coverage, please contact your insurance company directly. If you choose not to bill your insurance company for care provided, it is understood that you assume financial responsibility for all charges. The patient agrees that in return for the services provided to the patient by DRC-PEI, the patient will pay the patient's account at the time service is rendered or will make financial arrangements satisfactory to DRC-PEI for payment. If an account is sent to an attorney for collection, the patient agrees to pay collection expenses and attorney's fees as established by the court and not by a jury in any court action. The patient understands and agrees that if the patient's account is delinquent, the patient may be charged interest at the legal rate. Patients who have outstanding balances will be billed monthly. All balances are due 30 days from the billing statement date and must be paid prior to any future services being rendered.

**Payment Methods Accepted** | We accept cash, check, and most major credit cards (Visa, MasterCard, American Express, Discover, etc.) and CareCredit. There is a \$25 fee for all returned checks.

**Assignment of Benefits** | **1 – Medicare:** I request that payment of authorized Medicare benefits be made on my behalf to Desert Retina Consultants a subsidiary of Pacific Eye Institute (DRC-PEI), for services furnished to me by DRC-PEI. I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. If other health insurance is indicated in Item 9 of the CMS-1500 form or elsewhere on other approved claim forms, my signature authorizes releasing the information to the insurer or agency shown. DRC-PEI accepts the charge determination of the Medicare carrier as the full charge, and I am only responsible for the deductible, coinsurance, and noncovered services. Coinsurance and deductible are based upon the charge determination of the Medicare Carrier. **2 – MediGap:** I understand that if a MediGap policy or other health insurance is indicated in Item 9 of the CMS-1500 form or elsewhere on other approved claim forms, my signature authorizes release of the information to the insurer or agency shown. I request that payment of authorized secondary insurance benefits be made on my behalf to DRC-PEI if possible, or otherwise, me.

**Release of Information** | Desert Retina Consultants a subsidiary of Pacific Eye Institute (DRC-PEI) may disclose all or any part of my medical record and/or financial ledger, including information regarding alcohol or drug abuse, psychiatric illness, communicable disease, or HIV, to any person or corporation (1) which is or may be liable under contract to DRC-PEI for reimbursement for services rendered, and (2) any healthcare provider for continued patient care. DRC-PEI may also disclose on an anonymous basis any information concerning my case, which is necessary or appropriate for the advancement of medical science, medical education, medical research, for the collection of statistical data or pursuant to State or Federal law, statute, or regulation. A copy of this authorization may be used in place of the original.

**Other Insurance** | I understand that Desert Retina Consultants a subsidiary of Pacific Eye Institute (DRC-PEI) maintains a list of health care service plans with which it contracts. A list of such plans is available from the business office and that DRC-PEI has no contract, either expressed or implied, with any plan that does not appear on that list. The patient or patient's responsible party agrees that they are individually obligated to pay the full charges of all services rendered to the patient by DRC-PEI if the patient belongs to a plan that does not appear on the above-mentioned list.

**Non-Covered Services** | I understand that Desert Retina Consultants a subsidiary of Pacific Eye Institute (DRC-PEI) contracts with health care service plans (i.e. HMO', PPOs) relate only to items and services which are covered by the health care service plans. Accordingly, the patient or patient's responsible party accepts full financial responsibility for all items or services which are determined by the health care service plans not to be covered. Examples of non-covered services include, but are not limited to, services not specified as being covered in the patient's contract with a health care service plan or in the benefit summary the health care plan furnishes to the patient, and treatment or tests not authorized by the health care service plan. The patient or patient's responsible party agrees to cooperate with DRC-PEI to obtain necessary health care service plan authorizations.

*My signature below indicates my full understanding of, and agreement with, this financial policy*

Patient or Responsible Party Signature: \_\_\_\_\_ Date: \_\_\_\_\_