

OCULOPLASTIC ASSOCIATES OF TEXAS

FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality of care. If you have medical insurance, we strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our Financial Policy.

PATIENT RESPONSIBILITY:

** Managed Care: If you have a managed care plan that requires a referral to see a specialist, you must obtain a referral **PRIOR** to making an appointment so that it will be covered under your medical insurance. If you do not have the proper referral and still wish to be seen, you are required to pay for your visit at the time of your examination and sign a waiver of insurance. No claim will be filed on your behalf.

** Contact your insurance company to obtain your co-payment/co-insurance/deductible information and to verify that our physicians are PARTICIPATING IN-NETWORK providers with your insurance.

** Provide our office with correct and current insurance information on or before the date of service.

** Bring all current insurance cards to every visit.

** Obtain your insurance referrals and understand your insurance policy.

** Our doctors often perform procedures and/or tests in the office in addition to your examination. Often, these procedures and tests may not be covered under your office visit co-pay and may be applied to your deductible. Contact your insurance company to understand your benefits for office-based procedures.

MEDICARE, MEDICARE ADVANTAGE, GROUP HEALTH INSURANCE, & INDIVIDUAL PLANS

Co-payments, co-insurance and deductibles are collected at the time of service as REQUIRED by our contract with your insurance company. We ask that you understand that you will be responsible to pay for any healthcare services for which your health plan denies coverage. We also collect cosmetic fees, unmet deductibles and co-payments **PRIOR** to surgical procedures. We accept cash, personal checks, MasterCard, Visa, Discover and American Express. Co-payments are charged at the "Specialist" office rate. If you arrive unprepared to pay these required fees, we will need to reschedule your appointment. We do not accept Post-Dated checks and we do not accept attorney Letters of Protection promising payment after settlement of accident and/or injury claims.

SELF-PAY PATIENTS:

Self-Pay patients are required to pay fees in full at the time of service. Fees are based on the cost of the exam and/or testing as indicated by the physician. Full payment is required prior to all surgical procedures. We do not accept Post-Dated checks and we do not accept attorney Letter of Protection promising payment after settlement or accident and/or injury claims.

I understand and will abide by the Oculoplastic Associates of Texas Financial Policy.

Signature: _____

Date: _____