RETINA CONSULTANTS LLC
Physicians and Surgeons
Vitreo Retinal Consultation
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RETINA CONSULTANTS LLC. FINANCIAL POLICY AGREEMENT

The purpose of this document is to inform our patients about Retina Consultants Financial Policy. We ask that you read and acknowledge receipt of this information which will be kept in your electronic file. Thank you.

If you have insurance, we will bill the plan based on our contract status with the insurance plan. Accurate and current insurance information is necessary to ensure prompt payment by your health plan. Failure to keep us informed of the appropriate insurance information for claims submissions may result in you receiving a bill for these services.

As a courtesy, we may bill your secondary insurance plans; however, you are responsible for any balance unpaid after 60 days regardless of status from your insurance plan.

For patients that require treatment involving high-cost injectable medications, we will work with you to enroll you in a copay assistance program. If you either do not qualify, or you chose not to enroll in the program, you will be required to pay your coinsurance for the treatment at each visit. Balances will not be carried on account for these services. Billing staff will assist you in this regard.

Patients without insurance, or patients with non-contracted insurance, are required to pay at the time services are provided or make other arrangements with our billing staff Billing department direct phone number is 503-371-0769.

Copays are due at the time of service, amount as defined by your insurance plan. We verify eligibility prior to appointments to ensure accuracy of copay amount due. The amount of your copay we collect may vary from what is assessed by your insurance plan. There may be additional patient responsibility balances owing and you will be billed for those amounts.

Accounts with a credit balance will be processed when a patient has completed care in our clinic.

As a specialty group, insurance referrals are often required by your insurance plan. We will make every effort to obtain a referral in advance of your appointment. However, based on the agreement between you and the insurance plan that you have selected, it is your responsibility to know the referral requirements of your plan and verify that your services are authorized by the health plan.

While we do accept personal checks, any bank returned check will be assessed a $35.00 fee and charged to your patient account. You may be requested to pay balances by cash, debit, or credit card only for future services.

Accounts that have an outstanding balance after 90 days may be referred to an outside collection agency. Additional fees will be charged to your account in the collection of any outstanding balances. Accounts that are referred to a collection agency may also result in dismissal from the practice.

If an outstanding balance is not referred to an outside agency, the past due balance must be paid in advance prior to scheduling any future appointments.

We are not responsible for delinquent accounts due to lack of receipt of statements or other correspondence.

As stated by Oregon law, you may request one copy of your medical records at no cost to you. Additional requests for records will incur a charge, to be paid in advance, based on the number of records that are copied.

By signing below, I acknowledge receipt of this financial policy and accept responsibility for my account.

X_____Date_____

Signature of Patient or Responsible Party

S:billing/policies and procedures/RC financial policy