

FINANCIAL POLICY

Insurance Statement

Retina Consultants of Seattle is committed to providing the highest level of quality medical care and personal service to our patients. We feel it is the patient or the guardians' responsibility to meet their financial obligations.

As a courtesy to our patients we bill their insurance carrier. As we see patients from many different insurance plans, it is not possible for us to know all the covered benefits, co-pays and deductibles for each plan. In addition, your insurance company will not guarantee payment to us. While it is our intention to assist, it remains your responsibility to ensure that all services rendered are paid in full. In order to clarify Retina Consultants of Seattle's Financial Policy, we have listed below our financial requirements:

Financial Responsibility

You, the patient or the patient's guarantor, are ultimately responsible for all charges associated with your care regardless of insurance coverage.

- ***Co-payments and deductibles are a contract responsibility between the patient and their insurance. These amounts are non-negotiable.***
- ***It is the patient's responsibility to know the correct amount of their copay. The patient is required to pay the full copay amount at the time of service. If, for any reason, the full amount is not collected, the patient will be billed for the balance.***
- ***If, for any reason, the account balance becomes past due, it is the patient/guarantor's responsibility to contact our Billing department to resolve the account.***

I give my consent to Retina Consultants of Seattle and any of its agents acting on its' behalf to communicate with me regarding my accounts through various means such as 1) any cell, landline, or text number that I provide 2) any email address that I provide, 3) auto dialer systems, 4) voicemail messages, and other forms of communication.

Patients Without Insurance Coverage

Payment is required at the time of service. If necessary, short-term payment plans are available but must be requested prior to the services being performed. If you cannot pay at the time of service, we may ask that your appointment be rescheduled.

Participating Insurances

We participate with a variety of insurance plans. It is your responsibility to:

- Verify with your insurance that we are a contracted provider
- Bring your insurance card and picture ID to every visit
- Be prepared to pay your co-pay before each visit (cash, check, VISA, MasterCard or Discover)
- Bring any required referral for treatment prior to or at the time of your visit

Questions you should ask your insurance company prior to your visit

- Do I need to sign up with a primary care physician (PCP)?
- Do I need to see my primary care physician before I see a specialist?
- May I choose any specialist, or is my choice limited to a specific list?
- May I have surgery at the hospital of my choice, or am I limited to specific facilities?
- Do I need a referral for surgery?
- Is there a co-pay for office visits?
- Is there a requirement about where I have my diagnostic tests performed?

Other Fees

- No Show Fee- Your account may be subject to a \$50 fee for failure to cancel or reschedule your appointment.
- Return Check Fee- Your account will be charged any and all fees from the bank for a returned check.