



# OCULOPLASTIC CONSULTANTS OF CENTRAL PA

## Payment Policy

We are committed to providing you with quality and affordable health care. Because some of our patients have had questions regarding patient and insurance responsibility for services rendered, we have been advised to develop this payment policy. Please read it, ask us any questions you may have. A copy will be provided to you upon request.

**1. Self-Pay.** Our patients without insurance will be given an estimate for their office visit and other expected charges. The exact charges will be provided at check out. Payment will be expected at that time. Only if financially necessary, will a payment arrangement be made with a minimum payment due on the day of service.

**2. Insurance.** We participate in most insurance plans, including Medicare. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with, but don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**3. Co-pays, Coinsurance and Deductibles.** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. Your deductible and/or coinsurance will be determined by your insurance company after we file the claim. You will be billed at that time.

**4. Proof of insurance.** All patients must answer our "Insurance Information" form completely before seeing the doctor. We must obtain a copy of your driver's license and valid insurance card to provide proof of insurance. If incorrect information is given at the time of service, resulting in insurance denying your claim or you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**5. Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

**6. Coverage changes.** If your insurance changes, please notify us immediately so we can make the appropriate changes to help you receive your maximum benefits. Failure to do so may result in rescheduling your appointment. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

**7. Nonpayment.** If your account is over 90 days past due, you will receive a special billing note on your statement affirming that you have 30 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency. An additional 25% service fee will be added to your balance.

Our practice is committed to providing the best treatment to our patients. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.