

## FINANCIAL POLICIES

While your health and well-being are our primary concern, we realize that the cost of healthcare is an issue for many patients. We offer the following information to help you understand our financial policies and aid you in planning for payment. Carefully review the information and please ask our staff if you have any questions. The financial policies detailed below are a condition of receiving care in our practice.

### **Insurance**

Please bring your insurance card(s) with you when you visit our practice as we need a copy for your chart. It is your responsibility to ensure we have your current insurance information on file so we can submit a claim to them for payment on your behalf. We participate with all major insurance carriers and most insurance plans; however, it is your responsibility to confirm with your insurer that Colorado Retina Associates is participating with your plan. You can do so by calling the Member Services phone number listed on the back of your current insurance card.

**Medicare:** Our doctors are participating with Medicare. We will be happy to submit any claims to Medicare and any medigap claims one time for you. If you do not have any secondary or supplemental coverage, you will be responsible for the 20% of what Medicare does not cover. There are certain tests and/or procedures that Medicare does not cover of which you will be notified and will be responsible for payment at the time of visit.

**Medicaid:** Our doctors are participating with Medicaid; we will file claims for you. You will be expected to pay any co-pays at the time of your visit.

**HMO & PPO:** We will file claims for you if we are participating with your plan. You will be responsible for any co-pays, deductibles, or services not covered at the time of your visit. If your plan requires a referral/authorization from your primary care physician, you will be responsible for obtaining this prior to your visit.

**Private Pay:** You will be responsible for payment in full the day of service.

### **Co-pays**

Co-pays are due when you check in at our front desk for your appointment. We accept cash, check, VISA, Mastercard, American Express and Discover. We may charge a \$25.00 billing convenience fee on copays not paid at the time of service. Convenience fees are not covered by insurance, and you will be fully financially responsible for paying them.

### **Returned Checks**

All returned checks are assessed with a \$30 Returned Check Fee. It is important you resolve returned checks promptly or we may send your account to an outside collection agency.

### **No-Shows and Late Cancellations**

Kindly provide us with 24 hours' advance notice if you are unable to keep an appointment.

**Injectable Medications**

If the medication for your injection is ordered through a specialty pharmacy, you will need to pay the pharmacy for the medication in advance of your appointment or your appointment will be rescheduled.

**Financial Responsibility**

If insured, you are financially responsible for payment of your deductible, co-pay, co-insurance, and any amount exceeding what your insurance company pays, except where exempt by contractual agreement. You are responsible for complying with any requirements your insurance carrier may have regarding referrals, and it is your responsibility to ensure we have a valid referral on file if required by your plan.

**Patient Balances**

We send patient statements monthly and your payment is due upon receipt. If we do not receive your payment or a phone call from you to set up payment arrangements, you may not be allowed to schedule future appointments, and your account may be sent to an outside collection agency. We will pass any fees charged by the outside collection agency on to you. In the unfortunate event we must seek legal assistance to obtain your payment for services rendered, we will pass associated legal fees on to you.

**Financial Hardship**

We offer several payment options, including payment plans and discounted care. Care may be discounted up to 100% under qualifying circumstances. Being considered for discounted care requires an application, proof of income, and copies of tax returns and bank statements. You can request an application by calling our Billing Department at (303) 261-1592.

**Assignment of Benefits**

You hereby authorize payment of your health insurance benefits (and, if applicable, government benefits) directly to Colorado Retina Associates for healthcare services we have provided to you.

**INSURANCE SIGNATURE AUTHORIZATION**

In cases for which insurance claims are filed the following form should be completed. For us to submit a claim on your behalf and request payment of insurance benefits either to myself or the party who accepts assignment, I understand that I, the patient, am financially responsible for bills submitted and for any balance not paid by insurance. A copy of this signature is as valid as the original.

**ACKNOWLEDGEMENT:**

I HAVE READ THE ABOVE FINANCIAL POLICY AND/OR IT HAS BEEN FULLY EXPLAINED TO ME AND I UNDERSTAND ITS CONTENTS.

Print Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

If Legal Representative, provide relationship to patient: \_\_\_\_\_