



# VitreoRetinal Surgery, P.A. Financial Policy

## **Insurance**

You are ultimately responsible for the cost of your care at VRS. Please bring your insurance card(s) with you to every office visit. Accurate, up-to-date, and complete insurance information, and an understanding of your insurance carriers policies regarding co-payments and deductibles will minimize the potential for financial surprises and misunderstandings.

The VRS Business Office phone number is (952) 897-1175. **If you are a new patient to VRS**, please call the VRS business office prior to your first visit to our practice to provide your complete insurance information. **If you are an existing patient whose insurance has changed**, please call the VRS business office promptly to inform us of your new insurance information. If you have questions about our participation in your insurance program or health plan, you may call your insurance plan or our business office. ***We are participating physicians in Medicare.***

***If you do not have insurance we require payment of initial estimated charges (minimum \$250) at the time of service.*** See Self-Pay Policy below.

## **Picture Identification**

Due to widespread insurance fraud and identity theft, picture identification is required when you register in our office.

## **Insurance Required Co-pays**

Insurance required "Co-pays" are due at the time of service. If you are unable to make this payment, we will reschedule your appointment to a time when you are able to pay your co-pay. You may also contact our Business Office ***prior*** to your appointment at (952) 897-1175 to make financial arrangements.

## **Payment options**

Our office accepts cash, checks and credit card payments.

## **Submission of Claims**

As a courtesy, we will bill your insurance for all services. If there is a remaining balance due after your insurance carrier pays, VRS will send you an invoice. You have 30 days to make payment on the invoice. Any account not paid within 30 days of billing will be considered delinquent. Payment arrangements can be made for special circumstances by contacting the Business Office at (952) 897-1175.

We urge you to keep your account current to avoid any misunderstandings with our office. Account balances past due over 30 days may be sent to an outside agency for collections. If your account is sent to collections, the account is out of our hands. If you need to make special payment arrangements, it is your responsibility to contact our Business Office before your account is turned over to an outside agency.

### **Self-Pay Policy**

All cash patients and patients without valid insurance information are considered Self-Pay Patients and must pay for services at the time the service is provided. All Self-Pay Patients must contact our Business Office at (952)897-1175 prior to your appointment. ***A minimum deposit of \$250 is required prior to being seen by our technical staff and physicians.*** If you and your physician determine that you need additional appointments, treatment or testing, you should contact the Business Office to make payment arrangements prior to scheduling. If you suffer from financial hardship and desire consideration of alternate payment options you will be asked to complete a Hardship Application

### **Other Charges You May Incur**

If we are asked to complete additional forms or reports for you there may be additional charges. These fees will ***not*** be billed to your insurance company. VRS may charge fees for the following:

- Disability forms
- FMLA forms
- Copies of medical records
- Returned checks

### **Check Processing**

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction. For inquiries, please call (952) 897-1175.

**I have read the VitreoRetinal Surgery, PA financial policy and have been given an opportunity to ask questions on any points that I did not understand. I agree to abide by the policy.**

Signature of Patient/Guardian

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Date

Patient Name

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