

Retinal Consultants of So. CA Medical Group

TO OUR VALUED PATIENTS:

We are committed to providing you with the highest quality ophthalmic care possible. The changes associated with the Affordable Care Act have resulted in many patients shouldering increased cost through higher deductibles, copay and coinsurance amounts. This has caused more administrative work for our office staff and some unpleasant surprises for patients. To streamline the process and to make sure that you understand your payment responsibilities we would appreciate you reading and initialing our policies below. Thank you for your understanding.

_____ **PAYMENT AT TIME OF SERVICE:** Copayments and unmet deductibles are due at the time of service at check-in. Co-insurance (what the insurance company doesn't pay) is due upon receipt of statement. We accept cash, checks and MasterCard and Visa.

_____ **INSURED PATIENTS:** We have made prior arrangements with many insurers to accept an Assignment of Benefits. As a courtesy we will continue to bill those plans with whom we participate and will only require you to pay the authorized copayments and unpaid balance.

_____ **SELF-PAY PATIENTS:** In order to address the needs of our patients without insurance with which we are contracted, we offer a discounted fee for payment at the time of service. This discount acknowledges the lower cost involved in billing, when a claim does not need to be submitted to an insurance company. In order to qualify, payments need to be made in full on completion of your visit, or prior to a procedure. Any unpaid balance is not eligible for a discount. This discount applies to all provided services and IS OFFERED ONLY AT THE TIME OF SERVICE.

_____ There will be a \$20 administrative fee for copying medical records.

BY SIGNING BELOW, YOU AGREE TO THE ABOVE TERMS.

PATIENT NAME _____ DATE _____
Printed

PATIENT or RESPONSIBLE PARTY SIGNATURE _____