## Saunders Oculoplastic Surgery, PSC

## FINANCIAL POLICY

Thank you for choosing **Saunders Oculoplastic Surgery**, **PSC** for your treatment. The purpose of this form is to help our patients understand about medical insurance, eligibility, coverage and benefits.

- We render our services on the basis that your insurance company may or may not pay for treatment.
- Authorizations and eligibility verification of coverage are obtained by our staff.
  However, all insurance companies state that authorizations and eligibility verification of coverage are NOT a guarantee of coverage or payment. Actual benefits are determined by your insurance company after a claim is received.
- Patients are responsible for knowing and understanding their own insurance policy.
  Including copays, co-insurance, deductibles and eligibility of coverage.
- Patients are responsible for copay, co-insurance, deductibles and non-covered/non-authorized services at the time of service. Surgery procedure copay, co-insurance and deductibles are due one week prior to service.
- We will file a claim with your insurance. However, any un-paid portion is the responsibility of the patient. Delinquent accounts are subject to late charges.
- I agree to pay all costs of collection including attorney fees, collection fees, and contingent fees to collection agencies up to 40%. Such contingency fees will be added and collected by the collection agency immediately upon referral of my account to the collection agency.
- The fee for a returned check is \$50.00.
- Kindly give at least a 24 hour notice of cancellation or rescheduling an appointment so we may offer that time to another. No notice will be subject to \$25.00 fee.
- Patients must present their most recent insurance card at every visit. Any changes in coverage must be reported prior to treatment.

The patient/legal representative hereby acknowledges that he/she has read, understands and agrees to the financial policy of Saunders Oculoplastic Surgery, PSC.

Patient/legal representative	Signature of patient/legal representative	Date	