



Retina Center Of Pensacola

PATIENT FINANCIAL RESPONSIBILITY POLICY

Thank you for choosing Retina Center of Pensacola. We are committed to the treatment of your eye condition and the preservation of your vision. Please understand that payment of your bill is considered part of your retina care. The following is a statement of our Policy, which we require that you read and sign before being seen by Dr. Rifai.

Your Responsibility:

You are financially responsible for the services provided to you. Most patients arrange for health insurance plans to pay for a large portion of their medical expenses. However, the patient or legal guardian is responsible to pay the fees for all examinations and treatments in the office or in surgery, in case your insurance carrier deems our services non-covered or not payable.

As a courtesy to you, we will file a claim to your insurance plan(s). However, we do expect payment of co-payments, (co-insurance, deductible, non-covered services/drugs, etc.) at the time services are rendered.

Payments will be collected either before or after the appointment. If you are unsure of your financial responsibility, please contact your insurance plan in advance to obtain this information.

Please remember that your insurance benefits is a contract between you and the insurance carrier. We will assist in filing any of your claims for you, but will look to you for assistance in expediting our claims in a timely manner.

Our insurance billing specialists are available to provide assistance that you may require and to help with an estimate of your financial responsibility.

Non-Covered Service Condition

Retina Center of Pensacola is dedicated to the preservation of your vision and treatment of your retinal condition. Since we are a specialty practice, some procedures that may be performed in your treatment plan could be deemed non-covered by your insurance plan.

We will file the services to your insurance carrier for consideration of reimbursement and provide all necessary documentation in support of the needed service.

In the event that these services are determined to be a non-covered service by your benefit plan, it is your responsibility to pay for the services rendered. Our financial counselors will be available to you to review these out of pocket expenses with you prior to services being rendered.

Prior Balance

Patients with a balance from prior services rendered will be required to pay that balance in full before being seen by Dr. Rifai. If the prior balance cannot be paid in full, you will be asked to speak with our financial counselors to make payment arrangement determinations based on our payment policy before being seen by the physician.

Patient without Insurance Coverage (Self-Pay)

Retina Center of Pensacola will provide medical services to patients who do not have insurance coverage. However, if you do not have insurance you will be expected to pay:

- 1. A minimum deposit of a 1/3 of the estimated charges due the same day services are rendered**
- 2. A 1/3 of the balance will be due no more than 15 days from the date services are rendered.**
- 3. The balance will be due in full no more than 45 days from the date services are rendered.**

If you are unable to pay the balance in full within the 45 days' time period from the date services are rendered, please contact our financial counselors to ascertain how the debt will be paid.

Methods of Payment

We accept Cash, Checks, Visa, MasterCard, Discover and American Express. We now accept all Health Savings Account debit cards.