



# Retina Center Of Pensacola

## **Returned Checks**

Retina Center of Pensacola shall assess a \$30.00 fee on all returned checks by banks for "non-sufficient funds". We expect payment of the bank fee and the returned check before the next appointment.

## **Medicare Patients**

Retina Center of Pensacola accepts Medicare assignment. We will file to your secondary and/or supplemental insurance, if you have provided us with the proper billing information. You are responsible for all applicable co-insurance, deductible and non-covered services including injectable drugs. In addition to the bill we send you, Medicare will also provide you with an Explanation with detailed information indicating the amounts you will owe.

If you do not have any secondary and/or supplemental insurance, you are responsible for the balance after Medicare pays.

## **Medicaid Patients**

Retina Center of Pensacola accepts Medicaid assignment. A current Medicaid card must be presented at each visit. You will be responsible to pay the co-pay at the time of check-in. If you have exceeded the legislative limits for the year as set forth by Medicaid, you will be responsible to pay all charges for services performed.

If you have a Medicaid product that requires prior authorization it is your responsibility to bring your referral from your Primary Care Physician with you to the appointment. If you have the Medically Needy Medicaid product, it is your financial responsibility to pay any out of pocket expense until the share of cost is met.

## **Medicare Advantage (Replacement Part C)/ Medicaid Patients**

If you are enrolled in a Medicare Advantage plan or a Medicare Replacement plan, also known as Medicare Part C, with Medicaid as the secondary payer, you are responsible for co-payments, co-insurance, deductibles and non-covered services and injectable drugs. Medicaid does not have approved funding to pay any balances remaining from these types of policies.

It is the responsibility of the patient to pay these remaining balances. We will not file these balances to Medicaid as they do not pay for these amounts.

## **Workers Compensation**

Retina Center of Pensacola accepts Workers Compensation Insurance. It is your responsibility to provide the following information to our office prior to services being rendered:

- 1. Name of your employer**
- 2. Contact name and number for your employer**
- 3. Date of injury**
- 4. Claim number if available**

Any other information that will help to expedite the handling of your claims filing process.  
Failure to provide this information will result in the patient being responsible for all services rendered.

## **HMO Patients**

If Retina Center of Pensacola participates with your insurance plan, you will be required to pay for the applicable co-pay, co-insurance and/or deductible at the time services are rendered. When required by your HMO plan, you are responsible for obtaining a referral from your Primary Care Physician. If you do not have a proper referral/authorization you may be required to reschedule your appointment. If services are rendered without a valid referral/authorization, you will be expected to sign a "Waiver" and must pay under the conditions of a non-covered service.

- 1. Minimum deposit of 1/3 of the estimated charges due the same day services are rendered.**
- 2. 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 30 days from the date services are rendered.**