

Financial Policy for Retina Vision Consultants 360

Effective Date: [Insert Date]

Introduction

Thank you for choosing Retina Vision Consultants 360 for your eye care needs. We are committed to providing you with the best possible care while making the financial aspect of your visit as transparent and straightforward as possible. This Financial Policy explains our expectations and responsibilities regarding payment for services rendered in our ophthalmology practice.

We ask that you read and understand this policy, and by signing below, you agree to the terms outlined in this document. If you have any questions, please don't hesitate to ask one of our staff members.

Payment Responsibilities

As a patient, you are responsible for the payment of your medical services. Below are the details of how payment works with our practice:

1. Insurance

We accept a wide range of insurance plans. However, it is important to note that your insurance policy is a contract between you and your insurance company, not between you and our practice.

- **Insurance Verification:** We will verify your insurance coverage to the best of our ability before your visit, but you are ultimately responsible for confirming the details of your insurance benefits.
- **Co-pays, Deductibles, and Coinsurance:** These are the patient's responsibility at the time of service. We require payment of any co-pays or deductibles before services are rendered.
- **Balance Due:** If your insurance does not cover the full cost of services provided, or if the insurance claim is denied, you will be responsible for the remaining balance.

2. Out-of-Network Insurance

If your insurance plan is out of network, we may still provide care, but your out-of-pocket responsibility may be higher. We recommend checking with your insurance company before your visit to understand your coverage.

3. No Insurance

If you do not have insurance, payment is due at the time of service. We offer payment plans or financing options if needed to make payment more manageable.

4. Payment Methods

We accept the following methods of payment:

- **Credit/Debit Cards:** Visa, MasterCard, American Express, and Discover
- **Cash and Checks**
- **Care Credit:** We also accept Care Credit, which offers financing options for medical expenses.

5. Non-payment of Account

If a balance remains unpaid, we may refer your account to collections. In such a case, you will be responsible for any collection fees or legal expenses incurred as a result of non-payment.

Services Not Covered by Insurance

Certain services may not be covered by your insurance plan, including (but not limited to):

- **Cosmetic procedures** (such as eyelid surgery or LASIK)
- **Non-medically necessary treatments** (e.g., some types of glasses or contact lenses)
- **Non-covered diagnostic tests**

For any non-covered services, we will inform you in advance, and payment will be due at the time of service.

Financial Agreement

By signing this agreement, you acknowledge and agree to the following:

1. **Payment is due at the time of service** unless arrangements have been made in advance.
2. **Insurance coverage** is your responsibility to verify, and you are responsible for all charges that your insurance does not cover, including any co-pays, co-insurance, or deductibles.

3. You authorize us to bill your insurance directly and to release necessary medical information to your insurer for payment purposes.
4. You understand that if your insurance company does not pay in full, you will be responsible for the remaining balance.
5. If there is a balance on your account after 30 days, we reserve the right to charge a late fee or refer your account to collections.

Financial Assistance

If you are experiencing financial hardship, please inform our office staff prior to your visit. We may be able to assist with payment options such as:

- **Payment Plans:** We can set up a payment plan to allow you to pay off your balance over time.
- **Discounts:** Some services may be eligible for a discount if paid in full at the time of service.
- **Care Credit:** A financing option that allows you to make monthly payments for medical expenses.

Missed Appointments and Cancellations

If you need to cancel or reschedule an appointment, we ask that you provide at least **24 hours'** notice. A fee may be charged for missed appointments or cancellations made with less than 24 hours' notice, depending on your appointment type and the circumstances.

Acknowledgment and Agreement

By signing below, you acknowledge that you have read, understood, and agree to the terms of this Financial Policy. You also agree to pay for any services rendered in accordance with this policy, and understand that if your account becomes delinquent, collection actions may be taken.

Patient Name (Print): _____

Patient Signature: _____

Date: _____

Contact Information

If you have any questions or concerns regarding your financial responsibilities, please contact our billing department:

Billing Department

Phone: 310-928-8195

Email: help@rvc360.com

Address: 360 N Bedford Dr, 3rd Floor, Beverly Hills, Ca 90210

Payment Methods and Details

- **Credit/Debit Cards Accepted:** Visa, MasterCard, American Express, Discover
- **Cash or Check:** Accepted for payment
- **Care Credit Financing:** Available for eligible patients