

Southern Vitreoretinal

ASSOCIATES, P.L.L.

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Patient Financial Policy

Thank you for choosing Southern Vitreoretinal Associates, PL for your retina care. We are committed to providing a high level of service and quality care. We strive to receive the maximum allowable benefits, however, all financial liability rests on the patient. The following is a statement of Financial Policy. Please review the Financial Policy in order to fulfill your expectations.

Insurance Claims

Our practice accepts most major insurance plans. We may be considered out of network for some policies. Please call the number on your insurance card to verify. It is the patient and/ or the parent's/ guardian's responsibility to be familiar with the benefits of your insurance plan, including co-pays, co-insurance and deductibles. In order to properly bill your insurance company we require that you disclose all insurance information; including primary and secondary insurance, as well as, any change in insurance information. Our office assists in filing all insurance claims as a courtesy. We understand that the health insurance provider will be covering a majority of the cost, however, the patient is ultimately responsible in the event that the carrier deems services as non-covered or payable. If your insurance carrier requires a referral from your primary care physician, pre-certification or an authorization, it is your responsibility to obtain prior to your visit.

Co-pays

Payments are due at the time of service. Cash, checks, credit cards, or Care Credit will be accepted for payment of office services deductibles, co-pays and co-insurance. All office visit co-pays will be collected at check in. If other services are performed that require additional payment by the patient, that amount will be collected at checkout or balance billed.

Self-pay Accounts

Patients without insurance (Self-Pay) will be expected to pay a \$250 deposit towards their new patient exam and any subsequent treatments. The deposit will be applied to any charges incurred and patient will receive a bill for the balance due. If you pay in full at the time of service, a same-day 30% cash discount will be given.

Prior balances from services rendered will require a payment in full before being seen by a physician. If prior balance cannot be paid in full you will be asked to speak with a billing specialist to discuss payment arrangements.

Outstanding Balance Policy

We appreciate prompt payments for outstanding balances. If your account is turned over to collection services, you agree to pay any fees imposed by the collection agency in order to collect overdue amount.

Returned Checks

The charge for a returned check is \$25 payable by cash or money order. This will be applied to your account in addition to the insufficient fund amount. You may be placed on a cash only basis following any returned check.

Missed Appointments/ Cancellation Policy

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, SVA reserves the right to charge a fee of \$25 for all missed appointments and appointments which, absent a compelling reason, are not cancel with a 24-hour advanced notice. “No Show” fees will be billed to the patient. This fee is not covered by insurance, and must be paid prior to your next appointment.

I have read and understand the financial policy of Southern Vitreoretinal Associates, PL. I agree to the terms and conditions of this policy. I also agree that any questions I have, have been answered by a staff member to the best of my understanding.

Signature of Patient (Parent/guardian, if minor)

Date

Printed Name of Patient

Date

Witness Signature

Date