Southern Vitreoretinal
ASSOCIATES, P.L.

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PATIENT FINANCIAL POLICY

Thank you for choosing Southern Vitreoretinal Associates, P.L for your retina care. Your health and well-being are our primary concern. The purpose of this policy is to inform you of our billing and financial guidelines. While we will do our best to bill insurance plans, the financial responsibility is on the patient. The financial policies detailed below are a condition of receiving care.

INSURANCE PLANS

Our practice accepts most major medical insurance plans. We may be considered out-of-network for some plans. 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. **To properly bill your insurance plan, we require that you provide your demographic information to include full name, date of birth, telephone number, address, email address; Your insurance information, which includes a copy of your insurance card, verifying your identification, primary and secondary insurance, as well as, any change in insurance information. If this information changes, it is your responsibility to inform us**. Our office assists in filing all insurance claims as a courtesy. We understand that the health insurance plan 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 assist with obtaining prior to your visit.

CO-PAYS, COINSURANCE AND DEDUCTIBLES

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 PATIENTS

Patients without insurance (Self-Pay) will be expected to pay a $250
deposit towards their patient appointment at check-in. Any additional charges that may be incurred during the visit will need to be paid at check-out or when billed to the patient. A 30% cash discount will be provided for patients that pay at the time of service. Prior balances from services rendered will require a payment in full before being seen by a physician. If a prior balance cannot be paid in full, please contact the Central Billing Office at 850-325-1621 before your next appointment.

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 is a "No-show" for an appointment without providing proper notice, another patient is prevented from receiving care. Therefore, SVA reserves the right to charge a "No-Show Fee" of $50 (Fifty Dollars) for missed appointments or cancellations. This includes new patients that do not show for their first appointment. Patients must provide a minimum of a 24-hour notice to cancel or reschedule an appointment. 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.

_____ _____

Signature of Patient (Parent/guardian, if minor) Date

_____ _____

Printed Name of Patient Date

_____

Patient Date of Birth

_____ _____

Witness Signature Date

Tallahassee, FL
2439 Care Drive
Tallahassee, FL 32308
850-942-6700
800-940-1225
850-942-5735 fax

Albany, GA
2709 Meredyth Drive, Ste. 220
Albany, GA 31707
229-889-8300
866-473-8462
229-889-1192 fax

Panama City, FL
2577 Huntcliff Lane
Panama City, FL 32405
850-763-7007
800-940-1225
850-763-7002 fax

Valdosta, GA
3563 North Crossing Circle
Valdosta, GA 31602
229-316-0207
800-940-1225
229-316-0210 fax

Tifton, GA
806 Central Avenue North
Tifton, GA 31794
229-386-0297
800-940-1225
229-386-6569 fax

Marianna, FL
3009 4th Street
Marianna, FL 323446
850-763-7007
850-763-7002 fax