



## FINANCIAL POLICY

RETINA AND VITREOUS OF TEXAS, P.L.L.C. is committed to providing you with the highest quality services available and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship.

All non-covered services, deductibles, and co-payments are due at the time of service. We accept cash, check, MasterCard, AMEX, Discover, and Visa. Post-dated checks are not accepted. A \$25.00 return check fee will be assessed if your check is returned by your bank. We will be happy to discuss fees in advance and provide an estimate on any service we provide. Give us a call today at 713-799-9975.

You must notify our office of any changes in your insurance coverage, address, telephone number, or other demographic information, prior to your appointment. Failure to do this may result in you being fully responsible for the charges for any services provided.

Insurance is a contract between you and your insurance company. We are not a party to your contract. We will not become involved in disputes with your insurance company regarding deductibles, non-covered/covered expenses, co-insurance or "reasonable and customary" charges other than to supply factual information as necessary. You are responsible for timely payment of your account.

**SELF PAY:** Patients who are not using insurance for their office visit are required to pay a **\$300 deposit at the time of service**, this is intended as an estimate of a physician's exam with an ophthalmoscopy and OCT imaging. This may **not be the total cost** of the visit. This deposit will be **applied toward your final invoice**. Further testing or treatment, if recommended by the doctor, will result in added charges.

- If your total visit cost is **more than \$300**, you will be charged the difference.
- If your total visit cost is **less than \$300**, you will receive a refund for the overpaid amount.

**HMO INSURANCE:** If an insurance authorization and/or PCP referral is required and has not been received by RVT by the time of the appointment, a self-pay deposit of \$300 will be required to be seen. Once the required authorization/referral is obtained and the insurance claim has been submitted and processed, any applicable reimbursement will be issued in accordance with the patient's insurance benefits.

**MINOR PATIENTS:** Patients under the age of 18 must be accompanied by a parent, authorized adult family member, or legal guardian to all appointments. The representative accompanying a child will be responsible for payment of charges incurred for the date of service regardless of insurance or divorce decree status.

**BALANCES OWED:** If any balance remains after the time of service, full payment is expected prior to your next visit. If your account is past due, we will take all necessary steps to collect on the debt owed, including possible referral to a collection agency which may affect your credit record.