Eye Plastic Surgery Associates

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FINANCIAL POLICY

Thank you for choosing us as your health care professionals. Our goal is to provide excellent patient care. Informing you of our policies in advance enables us to establish open communication and achieve our goal. Please read the following financial policy carefully. We contract with many insurance companies. For a complete list or to inquire about our network participation with a particular policy, please feel free to ask.

1. According to your insurance plan, you are responsible for any and all co-payments, deductibles, coinsurances, and non-covered services. Payment is due at the time of service.
2. Not all services are a covered benefit on all contracts/plans. We will attempt to verify covered services prior to treatment. However, the final determination of benefits is made by the insurance company upon receipt of a claim. Any service determined to not be covered by your plan will be your responsibility.
3. A fee of $25.00 will be charged for all checks returned, plus and banks fees that were incurred.
4. Patient balances are billed immediately on receipt of payment or explanation of benefits from the insurance plan. Your remittance is due within 10 business days of your receipt of the statement of account.
5. If previous arrangements or reasonable efforts have not been made to settle the account, any account balance outstanding greater than 30 days will be Past Due and will receive a finance charge of $5.00. Any account outstanding for greater than 60 days will receive an additional finance charge of $5.00 and will be subject to collections.
6. We understand that temporary financial problems may effect the timely payment of your account balance. We encourage you to communicate any such problems with us so we may better assist you in the management of your account. For any questions you may have or for payment arrangement options available, please contact Leslie D. Cortes.

I have read and understand this office financial policy and agree to comply and accept responsibility for any payment that becomes due as outlined previously.

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Patient or Responsible Party Signature Date