

Arena Eye Surgeons
262 Neil Ave, Suite 320
Columbus, OH 43215

OUR FINANCIAL POLICY

Thank you for choosing us as your healthcare provider. We are committed to your treatment being successful. The following is a statement of our Financial Policy, which we require you read and sign prior to any treatment.

All patients must complete our patient information and insurance form before being seen by the doctor. We do accept assignment from many insurance companies, but in the event that your insurance does not cover your treatment or visit within a reasonable time (45-60 days) the balance will automatically be transferred to the patient's responsibility. Please be aware that some of the services provided may be non-covered services and not reasonable and necessary under Medicare and/or other medical insurance.

Regarding insurance plans where we participate as providers, **all co-pays and refractions are due at time of service**. If your insurance applies any of your charge to your annual deductible, that deductible is due and payable by the patient upon notice of such. If you have elected to use our practice and our physicians are out of your network of coverage, it is then the patient's responsibility for payment. Each insurance is contracted according to how the human resource department of your company and you have agreed. Therefore, it is not possible for us to know before service how the insurance contract will pay. **It is the patient's responsibility to know their coverage**.

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of what those rates should be.

If you do not have insurance and wish to see one of our doctors, we do have a fee schedule for cash pay patients. Please call the billing office for a copy of those fees. **Payment for services is due on the date of service**. We accept cash, check, Visa, MasterCard, and Discover. If you are having surgery at **The Eye Center**, the facility and anesthesiologist are separate providers and need to be discussed with **The Eye Center** located on the fifth floor of the building. We can provide you with phone numbers for their billing department. If your planned procedure is not covered by insurance, payment is due prior to having that procedure performed.

Adults accompanying minor patients (parents or guardians) are responsible for payment of any fees not covered by insurance for that minor. For unaccompanied minors, treatment will be denied unless we have received an insurance card with minor's name or payment is made prior to being seen by the doctor.

Thank you for understanding our Financial Policy. Please let us know if you have concerns or questions. I have read the Financial Policy. I understand and agree to this Financial Policy.

Signature of Patient or Responsible Party

Date _____