

## **FINANCIAL POLICY**

We are committed to providing you with the best possible care 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. Please ask if you have any questions about our fees, financial policy, or your relationship as our patient. We file insurance claims as a courtesy to our patients. The guidelines below help you assist us with this process.

- It is every patient’s responsibility to understand their insurance policy and benefits.
- Payment is due at the time of services, including copayments, deductibles, and coinsurance.
- Each patient must bring their insurance information and a photo ID to every appointment to ensure correct processing of all insurance claims.
- All patients must complete and sign our Financial Policy before care is rendered.
- There is a \$45 fee for all returned checks.
- If your insurance company denies payment because of benefit limitations or non-covered services, you will be responsible for the charges.
- If your insurance company needs any additional information, you are responsible for providing it to them.
- For medical records, under current TMB rules, Retina of Austin, PA will charge no more than \$25 for the first 20 pages and 50 cents for each additional page of any medical record not maintained in an electronic format, along with a reasonable fee for the actual costs of mailing, shipping, or delivery. Retina of Austin, PA will charge no more than \$25 for 500 pages or fewer and \$50 for more than 500 pages of a medical record in an electronic format. Retina of Austin, PA will charge up to \$8 for x-ray film duplication (See: Texas Administrative Code, 22 TAC §165.2) and \$15 for executing an affidavit that is requested to certify that the information is a correct copy.

---

### **PATIENT OR RESPONSIBLE PARTY**

I hereby assign the benefits from my insurance or any third party to Retina of Austin, PA for medical services provided to me.

I have read, understand, and have been allowed to ask questions about this policy. I agree to comply with the guidelines above as described.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_