

FINANCIAL POLICY & ASSIGNMENT OF BENEFITS

Thank you for selecting Plastic Eye Surgery Associates, PLLC (PESA) for your care. To prevent any confusion over financial responsibility for medical and surgical services provided, we supply you with the following information:

The patient, guarantor, or the person bringing the patient (if the patient is a minor), is responsible for payment of services at the time of office visit, test, or procedure. Payment may be made by cash, personal check (NSF charge: \$30), or credit card (American Express, Discover, VISA, or MasterCard). In the case of divorced parents, the parent bringing the child to the office is responsible for payment at the time of service. Bills provided at each visit contain all the information needed for you to submit requests to your insurance carrier.

If your insurance plan requires a referral from your primary care physician, it is your responsibility

to bring the referral with you and present it at the registration desk at the time of your visit. Federal law and insurance contracts require us to ask for your insurance card and driver's license at check in for identification purposes.

PESA CONTRACTED INSURANCE COVERAGE

If you have coverage through an insurance company that has a contract with the doctor you are seeing, we are required to ask for copy of your insurance card and payment of your deductible and/or co-payment at the time of service.

NON-PESA CONTRACTED INSURANCE COVERAGE

If you have coverage through an insurance company that does not have a contract with the doctor you are seeing, we will ask for a copy of your insurance card but payment for services may be due at the time of your visit. We will be happy to communicate with your

insurer to possibly provide covered care.

MEDICAID

If you have Medicaid coverage, you must provide a current Medicaid card at the time of your visit. If the card is not available, you must either pay for the visit or reschedule the appointment. If within three months after the visit you receive a retroactive card that covers the date of the visit, payment will be refunded after Medicaid has paid for your visit. You must pay for non-covered services at the time of your visit.

MEDICARE

Office visits to a doctor are covered under Part B of the Medicare program. Medicare pays 80% of their allowable charges after you pay the annual deductible for the calendar year. You are fully responsible for any non-covered services. As a courtesy, if you have supplemental insurance, we will be glad to file this for you.

I have read the above information and agree that regardless of insurance status, I am responsible for the account balance for all services rendered to the individual listed as "patient" below including disclosed, non-covered medical services. Further, I irrevocably assign and transfer all health plan and insurance benefits to Plastic Eye Surgery Associates, PLLC (PESA), authorizing payment to PESA for all benefits payable to "patient" including health plan benefits, ERISA benefits, insurance payments, payments pursuant to the Social Security Act and other medical benefits to which "patient" may be entitled. PESA may pursue collection of such benefits in "patient's" name or in the name of PESA. Finally, I authorize the release of any medical information necessary to process "patient's" claims. A photocopy of this agreement shall be considered as effective and valid as the original.

Signature of Patient: _____ Date: _____

Printed Name of Patient: _____

If applicable, Signature of Guardian or Responsible Party: _____

Printed Name of Guardian or Responsible Party: _____