



# MEDICAL CENTER EYE CLINIC

Independent Physicians & Surgeons

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## PATIENT FINANCIAL POLICY

### PHYSICIANS & SURGEONS

The doctors located at Medical Center Eye Clinic (MCEC) are not incorporated. They are independent physicians and surgeons practicing in shared office environment.

### FINANCIAL POLICY

Our doctors are committed to providing care for the entire community and have contracts with many insurance carriers and plans.

Please note that covered services and programs vary by insurance plan. **You should contact your insurance company directly with coverage questions.** Co-pays and deductibles usually apply to services and treatments provided at MCEC.

Patients have the responsibility to know if they have routine vision coverage. While our providers are commonly “participating providers” of many major insurance companies, your **individual coverage is not** verified by our staff prior to your initial appointment.

### NON-DISCRIMINATION

Necessary medical services will be provided regardless of the patient’s ability to pay in an emergency situation (life or death).

### PATIENTS WITH INSURANCE

**Verification of Information:** All information given to MCEC regarding the ability to pay, third party insurance, alternate resource, etc., will be subject to verification.

**Assignment of Benefits:** Your provider’s staff will bill insurance and alternate resources as a courtesy to you, if you provide the required insurance information and sign an assignment of benefits statement listed at the bottom of this information sheet. Our office accepts assignment for Medicare.

**Partial Insurance Coverage:** Patients with insurance policies that cover only a portion of treatment must pay the difference between actual charges and the anticipated insurance payment. Copays are due at the time of service. All remaining co-insurance amounts are billed on a 28 day billing cycle.

### PATIENTS WITHOUT INSURANCE

**Uninsured Patients / Non-covered Services:** Payment for all charges which are not covered by insurance, are due and payable at the time of service, unless other arrangements are previously made. A pretreatment deposit of \$100.00 is required for an initial visit and a \$75.00 deposit will be required for each subsequent visit. The remaining balance after receipt of the deposit will be billed on a 28 day billing cycle.

### PAYMENT TERMS

**Payment Methods:** MCEC accepts cash, check, Visa®, MasterCard®, Care Credit® and Debit Cards.

**Payment Arrangement:** When glasses, contacts or a surgical procedure is recommended, a 50% down payment is due at the time of service. The remaining balance is due upon delivery of hardware or post-operative visit. If the patient has optical fees (or Surgery) exceeding \$200 and does not already have a Care Credit account, we can help you attain one in advance of services. Ask a staff member for an application and we will help you apply. Most payment plans are six (6) months and the card is accepted at many medical offices for your convenience.

**Unpaid & Bad Debt Accounts:** Prior to providing services, payment for all outstanding accounts will be requested. In **some** circumstances, payment arrangements may be made. If the patient is self-pay with no insurance, a payment arrangement may or may not be made for the past due balance and all other visits will be due at the time of service. Accounts that cannot be collected by our billing department, after normal in-house collection, may be referred to a collection agency in accordance with our collection procedure. Patients are also responsible for all related collection service fees. Patients with accounts that are in collection will be suspended from receiving care with physicians located at MCEC. Accounts which have been written off to bad debt may also be denied future treatment if not deemed an emergency (life or death).

**Non-sufficient Funds:** Checks returned for non-sufficient funds will be billed the check amount with an additional fee of \$25.00.

**Refunds:** Overpayment will be refunded to the appropriate party. Patient refunds will not be processed until all active or past due accounts are paid in full.

### SURGERY FINANCIALS

Surgical candidates may receive statements from as many as six separate entities including but not limited to, their Medical Center Eye Clinic Physician, Salem Laser & Surgery Center, Northbank Surgery Center, Salem Hospital, the anesthesiologist and the laboratory that processes your clinical laboratory report.

**Agreement:** The information I have provided to Medical Center Eye Clinic (MCEC) is correct and true to the best of my knowledge. By signing below, I assign benefits to my provider and authorize them to furnish information regarding my medical condition to my insurance carrier. I understand that I am responsible for any amount not paid by my insurance per the provisions of my policy. I have read and understand this financial policy. My signature below indicates that I accept this policy and agree to abide by the terms of it for my treatment from any independent physician and surgeon located at MCEC.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date