

## **Piedmont Retina Specialists, PA Statement of Patient Financial Responsibility**

The medical service for which you seek treatment implies a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. As a courtesy, we will bill your insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill.

You are responsible for payment of any deductible and co-payment/co-insurance as determined by your contract with your insurance carrier. We expect these payments at time of service. Many insurance companies have additional stipulations that may affect your coverage. You are responsible for any amounts not covered by your insurer. If your insurance carrier denies any part of your claim, you will be responsible for your balance in full.

### **Insurance Card**

Bring your insurance card to every visit. If **NO CARD** is presented at time of service, you must pay for the bill at time of service. Verify that all charges are covered by your plan. Full payment, co-insurance, or co-payments and deductible (when applicable) are due at the time of service. Payment can be made by cash, check, debit or credit card.

### **Co-Pay Policy**

Some health insurance carriers require the patient to pay a co-pay for services rendered. It is expected that patients pay at the time the service is rendered.

### **Consent for Treatment and Authorization to Release Information**

I hereby authorize Dr. Sanders, and staff personnel as appropriate, to perform upon me or the named patient, necessary assessment and treatment procedures.

I further authorize Dr. Sanders to release to appropriate agencies any information acquired in the course of my or the named patient's examination and treatment.

### **Cancellation / No Show Policy**

We understand there may be times when you miss an appointment due to an emergency. If you must cancel your appointment, a 24 hour notice would be greatly appreciated. A charge of \$25 may be imposed on patients who fail to keep their appointments.

### **Self-Pay**

If you do not have health insurance, please read below. If you do have health insurance, please skip this section.

I do not have health insurance and will be responsible for services rendered by Dr. Sanders and Piedmont Retina Specialists. I agree to pay in full for all treatments given to me or to the named patient at each visit.

