

We would like to thank you for choosing Retina Consultants for your eye care needs. We are committed to providing the best possible service and treatment available for your retinal health care.

Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Our billing department is available to answer questions about our fees, policies, or your responsibilities.

- ❖ **Insurance**- Your health insurance is a contract that you sign with your insurance company. We are not a part of this contract. You should confirm that we are a participating provider in your insurance. If you are insured by a plan we are a participating provider with but don't have up-to-date insurance cards upon check in, payment in full for each visit **may** be required if we are unable to verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

- ❖ **Claim submission**- We will file claims on your behalf. If your insurance company contacts you for additional information, it is your responsibility to provide the information in a timely manner. Failure on your part to comply with your insurance company's requested additional information may result in a denial of your claims getting paid. Certain services may be considered non-covered services or may be denied by your insurance carrier. Any service not covered by insurance or balances remaining after the insurance has processed the claim are the responsibility of the patient and are due immediately.

- ❖ **Co-payments, deductibles, co-insurance**- You are responsible for all co-pays, co-insurance, deductible amount and any non-covered service(s). **Copays and non-covered services** must be paid in full at the time of service or you may be asked to reschedule your appointment. **Co-insurance and deductible amounts are due immediately upon your insurance processing your claim.** To make payments convenient, we accept credit cards, debit cards, money orders, cash and checks.

- ❖ **Proof of insurance**- You **may** be asked for your insurance cards upon arrival at the clinic, so please ensure you have your most current medical insurance cards with you at every scheduled visit. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 45 days, the balance will automatically be billed to you.

- ❖ **Nonpayment**- If your account is over 60 days past due, you will receive a letter stating you need to pay your account in full. Payment plans are available, but must be approved by the billing office and require a credit card or debit card to be on file. Partial payments will not be accepted unless otherwise negotiated. If no resolution can be made, the account will be sent to our collection agency and may result in discharge from the practice. If this is to occur, you will be notified by regular and certified mail. Retina Consultants will also provide a list of the closest retina physicians and information on how to obtain your medical records.

By signing below you acknowledge that you have read, understand and accept the terms of the Patient Financial Policy and you authorize Retina Consultants to release medical information to your insurance to process claims.

Patient Name (Printed): _____

Patient Name (Signed): _____

Date: _____





Photography, video, and audio recording (collectively referred to as recordings) have the potential to violate patient and employee privacy and interfere with patient care. This policy sets out rules for the recording of protected health information (PHI) and the recording of individuals (visitors, employees, or patients) on premises at Retina Consultants.

Allowable Photo/Video Recording for Business Purposes

The Joint Commission requires that consent be obtained prior to recording a patient for purposes unrelated to diagnosis, treatment, or identification of the patient, such as quality improvement, training, or other internal organizational activities. Consent requirements apply regardless of whether the resulting recording of the patient identifies the patient (e.g., consent is required for photographing a rash on a patient’s arm, even if the patient’s face is not visible).

Instances In Which Recording a Patient Does Not Require Consent:

- To document abuse or neglect
- For safety or security of patients, workforce, or visitors
- For identification of the patient
- For patient care and treatment activities including patient safety, care coordination, and treatment planning. In such cases, recordings should be integrated into the medical record.
- To monitor clinical conditions via video surveillance
- For recording done by the patient’s family members or friends when a) the recording does not interfere with patient care or capture other patients or PHI and b) permission is obtained from any workforce member being recorded.

Use of Patient or Visitor Devices for Recording at Retina Consultants

Patients and visitors may use their own devices (i) to record conversations about treatment instructions, with the consent of the treatment provider who is discussing the patient’s care; and (ii) for personal use by the patient or the patient’s family and friends, so long as the recording party has obtained the prior consent of the patient or their legally authorized representative and any workforce members or others who are to be included in the recording.

Recordings by patients or visitors must be obtained in such a way as to avoid capturing information related to other patients (e.g., information on white boards or the identities of individuals in waiting rooms). In no case may recordings be obtained when doing so may interfere with the provision of care or otherwise create an unsafe environment. Care providers are authorized to notify patients or visitors to stop recording when the activity is unsafe or interferes with patient care.

Retina Consultants specifically prohibits recording in common hallways, waiting rooms, and at the reception desk to protect patient and employee privacy.

PATIENT NAME (PRINTED): _____

PATIENT SIGNATURE: _____ **DATE:** _____