

Columbus Laser and Cataract Center
Financial Policy

Thank you for choosing Columbus Laser and Cataract Center as your eye provider. We are committed to building a successful physician-patient relationship with you and your family. Your clear understanding of our financial policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies or your financial responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc).

Co-Pays

All co-payments and past due balances are due at time of check-in unless previous arrangements have been made. We accept cash, check or credit cards.

Insurance Claims

Insurance is a contract between you and your insurance company. We are NOT a part of this contract. We will file your visits to your insurance company as a courtesy to you. In order to properly bill, we require that you disclose all insurance information including primary and secondary insurance, as well as any change of insurance information. Failure to provide complete information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance is not contracted and or out of network and you proceed with care, you are responsible for payment in full.

Referrals and Preauthorizations

Certain health insurances (HMO, POS, etc.) require that you obtain a referral or prior authorization from your Primary Care Provider (PCP) before visiting a specialist. If your insurance company requires a referral and/or preauthorization, you are responsible for obtaining it. Failure to obtain such referral may result in low or non payment from the insurance company and the balance will be your responsibility.

Self-pay Accounts

Self pay accounts are patients without insurance coverage, patients covered by insurance plans in which the office does not participate or patients without an insurance card on file with us. It is always the patient's responsibility to know if our office is participating with their plan. If there is a discrepancy with our information, the patient will be considered self pay unless otherwise proven. Payment is due at time of service with self pay accounts unless prior arrangements have been made.

Outstanding Balance Policy

It is our office policy that all past due accounts be sent two statements. If payment is not made on the account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to collections.

By signing this policy you authorize us and/or any entity authorized by us, including those using automated dialing systems, automated messages, email, text messaging or other electronic communication to contact you for any reason by using any telephone number, email address and/or mailing address provided.

Patient Signature

_____/_____/_____
Date