

Eye Plastic Surgery Associates

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FINANCIAL POLICY

Thank you for choosing us as your health care provider. The following is the financial policy of our office. If you have any questions or concerns about our payment policies, please feel free to ask.

Deductibles, co-insurance, and co-pays are due at the time that services are rendered. We accept cash, checks, Master Card, Visa, and Discover. We will file your insurance claim for payment as long as you provide us with your insurance information. Insurance co-pays will be collected prior to your visit with the doctor. After your insurance has paid, if you are unable to pay the balance in full, we will be happy to make payment arrangements with you. Please contact the office staff for more information.

In certain situations, we will accept assignment of insurance benefits. However, you must understand that:

1. All charges are your responsibility, whether your insurance company pays or not. Not all services are a covered benefit in all contracts. Some companies select certain services that they will not cover.
2. Fees for these services, along with unpaid deductibles and co-payments are your responsibility and due at the time of service.
3. A fee of \$25.00 will be charged for all returned checks.
4. Past due account balances may be subject to additional collection fees .

We understand that temporary financial problems may effect the timely payment of your balance. We encourage you to communicate any such problems with us so we may better assist you in the management of your account.

Patient or Responsible Party Signature

Date