Vernon Square Cataract and Plastic Surgery Center

Financial Policies

The professional services provided by the center are for your benefit. All fees charged by this center are your responsibility. All balances are due 60 days from the date of service. For your convenience, we accept cash, checks, Visa, Mastercard, Discover credit cards, and money orders.

1. Insurance

Vernon Square Cataract and Plastic Surgery Center, LLC will bill a guarantor’s Medicare, Medicaid, or Commercial insurance as a courtesy and make every effort to collect benefits on the insurer’s behalf for a period of 60 days. After 60 days from the date of service, the account will be treated as a self pay account and you will be required to submit payment in full or make acceptable arrangements for payment. You must pre authorize all procedures with your insurance company. If for some reason, your procedure date is changed, please contact our billing office and notify your insurance company of the change. Failure to do so may alter assignment of your insurance benefits to this facility for services rendered. Professional care is provided to you, the patient, and you are responsible to the doctor and the surgery center. In order for us to file your insurance, we need to be provided with complete and accurate insurance information to avoid delays in payment (ie, name, address, group, etc, of your primary and secondary insurance). Failure to provide us with correct information could possibly result in you being responsible for your account. You are responsible for all fees not covered by your insurance company. This includes deductibles, copays, and reasonable and customary fee differences. Our facility cannot accept responsibility for negotiating a settlement on a disputed claim. If you dispute the amount of payment made by your insurance company, you should contact your insurance carrier, your human resources department, or your agent directly.

1. Payment

All payment arrangements should be made before or at the time service is rendered. Should it be necessary to make payment arrangements, the following guidelines will be used: A minimum payment should be made of 10% of the original balance, or $300.00, whichever is greater. Should you need assistance in payment of your medical care, please let us know immediately.

The services provided by your physician(s) are the professional fee(s). The services and supplies provided for you procedure are the facility fee. These will be billed separately. Pathology, anesthesia, durable medical devices or laboratory services, if utilized, will be billed separately by the provider of these services to you or your insurance company.

1. Unpaid Accounts

\*\*If a client’s balance remains outstanding and is referred to collections, such account will be charged an additional twenty-five percent (25%) collection fee. \*\*

Patients with unpaid delinquent account(s), which have been written to bad debt or collection, may be denied treatment if not deemed medically necessary.

Your signature below indicates that you have read and understand the above financial policies and agree to the terms outlined therein.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_