

Carolina Cataract & Laser Center, P.A.

Clinical Financial Policy for Patient Issue

Thank you for choosing **CCLC** as your healthcare provider. We are committed to providing you with the best possible medical care at the lowest possible cost. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

In order to achieve the practice goals of providing the finest medical care at the lowest possible cost, we need your assistance, and your understanding of our payment policy.

Full Payment for professional services is due at the time of service. We accept cash, checks, Visa, MasterCard, etc. We also offer an extended payment plan with prior approval. We do accept Medicare assignment. We participate with Medicaid and various other insurance companies.

All patients must complete our Patient Information and Insurance Form before seeing the physician.

In order to keep our fees to a minimum, we require that you make available to our office any and all insurance information on the date of treatment. All patients who have accounts with outstanding balances will have statements mailed on a monthly basis to their permanent address. You must remember that you are responsible for the bill unless special arrangements have been made and approved on your behalf. If special arrangements are made, a financial form must be completed, signed, and witnessed by a representative of Carolina Cataract & Laser Center, P.A.

If you have insurance we are anxious to help you receive your maximum allowable benefits and we will file the claim as a courtesy to you. Any insurance remittance will be posted to your account and you will be billed for the balance. Your insurance policy is a contract between you and your insurance company. If an insurance problem occurs, you will be asked to assist us in contacting your insurance carrier. We feel that it is necessary for us to work together to resolve any insurance problem. If your insurance company has not paid your account in full within 45 days, the balance will be automatically transferred to a statement bill and mailed to you. In regards to insurance plans where we are a participating provider, all co-pays and deductibles are due the day of treatment. We will file a follow up on the claims for a reasonable amount of time as the contract directs.

Your employer or group plan administrator can only address any insurance coverage issues. Our staff is trained to help you with issues such as how your claim was filed and additional information the carrier might need to process your claim.

Our practice believes that a good physician/patient relationship is based upon understanding and good communication. Thank you for understanding our Financial Policy. If you have any questions about financial arrangements, please feel free to talk with the appropriate staff regarding this matter. We will make every effort available to you to clarify any questions that you may have concerning your balance.

Please list your insurance company/companies below:

_____ **Medicare Patients:** The information that we obtain is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare and to insure that proper payment is made. I authorize the holder of medical information about me to release to Medicare and/or its agents the information needed to determine benefits on my behalf. I do understand that Carolina Cataract & Laser Center, P.A. does accept Medicare assignment and that I am responsible for any deductibles, co-insurance and non covered services.

_____ **Treatment:** I authorize Dr. Vincent Dahringer to give me treatment according to proper medical care standards.

_____ By signing this form, I authorize release of any medical information necessary to process my insurance claims. My signature means that I request Medicare, Medigap or any other insurance company listed above to make payment directly to Dr. Vincent Dahringer at Carolina Cataract & Laser Center, P.A.

I have read, understand, and agree to this Financial Policy:

Signature of Patient or Responsible Party

Date