

West Coast Retina Medical Group, INC

Financial Policy

In order to reduce confusion and misunderstanding between our patients and the practice, **West Coast Retina Medical Group, Inc ("West Coast Retina")** has adopted the following financial policy. We are dedicated to establishing and maintaining great patient-physician relationships and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. If you have any questions about the policy, please contact our front desk for assistance.

- **PAYMENT:** Payment is due in full at the time of service including copays, coinsurance and/or deductibles.
- **INSURANCE CARDS:** Please make sure the insurance cards presented are current and accurate. If you have multiple insurance coverages, you must present all cards at the time of service.
- **INSURANCE:** While West Coast Retina is happy to submit services rendered to your insurance company, for payment, ultimately you are responsible for any and all financial liabilities. West Coast Retina's office participates with most major insurance plans. West Coast Retina primarily provides MEDICAL and SURGICAL ophthalmic care to its patients, as opposed to routine eye exams.
- **NON-PARTICIPATING PLANS:** If West Coast Retina physicians do not participate in my insurance plan, you will be asked to sign a private contract arrangement for each visit and will be responsible for filing your own claims and for paying in full at the time service is rendered.
- **AUTHORIZATIONS:** If you have a plan that requires a referral to see a specialist, you must obtain a referral in order for your visit in our office to be covered under your medical insurance. If you do not have the valid referral and still wish to be seen, you will be asked to pay for the visit prior to your examination.
- **NON-COVERED SERVICES/DENIED CHARGES:** Certain services may be considered non-covered services or may be denied as investigational, experimental, or not medically necessary by your insurance carrier. If your physician feels these services are needed and they are performed, you are obligated to pay for these services in full should your insurance carrier deny payment.
 - **Medicare Patients:** West Coast Retina will inform you ahead of time and will supply you with an Advanced Beneficiary Notice (ABN) to read and sign. The ABN will help you decide whether you want to receive services, knowing you are responsible for payment. You must read the ABN carefully.
 - **Non-Medicare Patients:** Any services not covered by your plan are your responsibility and must be paid in full by the time of service.
- **RETURNED CHECKS & PAST DUE AMOUNTS:** Returned checks will be subject to collection charges, penalties and interest. All accounts are considered delinquent if not paid within 90 days of service. Past due accounts may result in collection turnover and may be subject to penalties and interest, and/or the refusal of future appointments until old balances have been paid in full. West Coast Retina does not accept postdated checks.
- **NON-MEDICAL FEES:** Additional fees may apply for returned checks, completion of disability or other forms, and copying of medical records.
- **REFUNDS:** Refunds are issued when an overpayment has been identified. West Coast Retina will not issue a refund on any claim that is still processing with insurance carriers and cannot accept patient EOBs as proof of payment. If you feel you are due a refund, please contact our billing office at 415-972-4600.