

## FINANCIAL POLICY

**In order to provide your health care at the most affordable cost, Ice Ophthalmology LLC requires payment at the time of service.**

### IF YOU HAVE INSURANCE

We participate with many insurance carriers. As a service to our patients, we will submit an insurance claim provided we have that information on file. It is the patient's responsibility to ensure that we have the most up to date, correct insurance information on file. If you have a copayment, this will be collected when you arrive for your appointment. In the event your health plan determines a service to be part of your co-insurance, deductible or non-covered, you will be responsible for the complete charge. A statement will be sent to you and payment is due upon receipt of that statement.

In the event we are not able to confirm eligibility of your insurance, your visit will be considered self-pay, please see below.

If Ice Ophthalmology LLC does not have a participating agreement with your carrier or you have not provided the most up-to-date insurance information, your visit will be considered self-pay. Please see below.

### SELF-PAY

If you are without health insurance, we do offer a discount off services rendered by our office when payment in full is made on the service date. Information of the total charges for your visit is available upon check-out.

### SURGICAL PATIENTS

Any Deductible or Co-Insurance which applies to an elective surgical **procedure must be paid in full prior to the date of surgery**. Failure to pay any deductible/co-insurance prior to the scheduled date will result in cancellation of any elective surgeries/procedures.

### COLLECTIONS POLICY

If any balance remains on your account; we will consider an outside collection agency or other means to pursue payment of your account. To avoid this, please contact our business office to discuss payment arrangements.

Failure to pay any outstanding balance could result in no further appointments being scheduled and/or dismissal from our practice for non-payment in accordance with Ice Ophthalmology LLC's group's policies.

PATIENT \_\_\_\_\_ DATE \_\_\_\_\_