

RETINA NORTHWEST, PC

PAYMENT POLICY

Effective Date: September 23, 2013

In the interest of good health care practice, it is desirable to establish a credit policy to avoid misunderstandings. Our primary responsibility is to help our patients experience good health and we wish to spend our time and energy towards that end.

All accounts are due and payable within 30 days unless special arrangements are made with our Business Office.

We are willing to bill your insurance when you provide us with current information and necessary forms. Even though you may have an insurance claim pending, you will receive a monthly statement for the outstanding balance of your account. We cannot accept responsibility for collecting an insurance claim after 60 days, or for negotiating a disputed claim. *You are responsible for payment of your account.*

If you are without insurance coverage, please contact the Business Office now to make payment arrangements.

Your signature below will acknowledge that you have read and understand our credit policy. Specifically:

I have read this credit policy and understand that regardless of any insurance coverage I may have, I am responsible for payment of my account. I understand that delinquent accounts will be assigned to a credit reporting and collection service. If it becomes necessary to effect collections of any amount owed for care received today or subsequent to today, I agree to pay for all collection costs and expenses incurred, including reasonable attorney fees.

Also, by my signature below I authorize payment of medical benefits otherwise payable to me to be made directly to Retina Northwest, PC. I hereby authorize Retina Northwest, PC to furnish my insurance carrier(s) with all information for which said insurance carrier may have cause to request concerning my claims. I understand that I am financially responsible for charges not covered by my insurance.

Patient or Guardian Signature

Date

DOB