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FINANCIAL POLICY

RETINA AND VITREOUS OF TEXAS, P.L.L.C. is committed to providing you with the highest quality services available and we are pleased to discuss our professional fees with you at any time. Your clear understanding of our financial policy is important to our professional relationship. If you have questions about this Financial Policy, please contact our office at 713-799-9975.

You must notify our office of any changes in your insurance coverage, address, telephone number, or other demographic information, prior to your appointment. Failure to do this may result in you being fully responsible for the charges for any services provided.

SURGERY / SAME DAY OR SCHEDULED PROCEDURES AND/OR TREATMENTS

Insurance will be verified at the time of your pre-operative visit. Deductible and co-insurance amounts will be verified at the same time. Payment in full is required in advance if insurance benefits are not assigned or in the event there is no insurance. Prepayment of services that will be assigned to patient deductibles or coinsurance amounts is required at the time of service. We will make every effort to create an accurate estimate of your financial responsibility prior to providing these services. Any overpayment will be refunded to the patient. Other financial arrangements may be discussed with one of our Patient Billing Representatives.

INSURANCE

MEDICARE: We are participating providers with Medicare. We will also file with your secondary or supplementary policy as a courtesy to you. Our office does not file tertiary insurance policies. Please make sure that you provide our receptionist with your Medicare and supplementary insurance cards when you sign in for your appointment.

INDEMNITY/FEE FOR SERVICE: As a courtesy to our patients, we will file with your insurance, provided you have assigned your benefits to us and have met your annual deductible and pay your co-insurance at the time of service. If you have not met your annual deductible you must pay at the time of service and a claim will be filed with your insurance upon request.

CONTRACTED MANAGED HEALTH CARE (HMO, PPO, EPO): It is your responsibility to make sure that your doctor is currently enrolled with your plan. All necessary referrals must have been obtained prior to each visit. If your referral has not been completed prior to your arrival in the office, it may mean a delay in being seen by the physician and the possible rescheduling of your appointment. You are obligated by your insurance company to pay the co-pay at the time of your visit.

WORKERS COMPENSATION: We accept Workers Compensation insurance. However, your insurance information and verification of your injury must be made prior to your arrival in our office. The insurance and injury information must be given to the receptionist prior to being taken to an exam room. Failure to do so may result in the rescheduling of your appointment. Private insurance will not pay for medical claims resulting from an on-the-job injury. If there are any questions regarding whether or not you have a workers compensation claim please ask to speak to our Patient Billing Representatives.

MEDICAID: We accept most Medicaid insurances. If you have a Medicaid HMO plan, you are responsible for obtaining the referral from your primary care physician prior to your office visit. Patients must bring their current Medicaid card at every office visit. Failure to do so will result in rescheduling your appointment.

SELF PAY: For patients who are not using insurance for their office visit, a \$250 deposit will be due at the time of service. This deposit will be applied to the actual charges for the visit. If the visit charges exceed \$250, the remaining balance will be billed to you. In the event the actual charges are less than \$250, the difference will be refunded.

Insurance is a contract between you and your insurance company. We are not a party to your contract. We will not become involved in disputes with your insurance company regarding deductibles, non-covered/covered expenses, co-insurance or "reasonable and customary" charges other than to supply factual information as necessary. You are responsible for timely payment of your account. Payment plans are available, but arrangements must be made in advance with our Patient Billing Representatives.

Minor Patients: Minor patients must be accompanied by a parent, authorized adult family member, or legal guardian to all appointments. The parent accompanying a child of a divorced family will be responsible for payment of charges incurred for the date of service regardless of insurance or divorce decree status.

Payment in full for an account balance is due prior to your next visit. Our billing staff is available to assist with questions regarding your balance. If your account is past due, we will take all necessary steps to collect on the debt owed, including possible referral to a collection agency which may affect your credit record.

For your convenience, we accept cash, check, all major credit cards, and offer a secure online payment portal. Post-dated checks are not accepted. A \$25.00 return check fee will be assessed if your check is returned by your bank.