

# EYE SURGEONS *of* INDIANA

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## SURGICAL CARE CENTER

### **Payment Policy**

I understand that Eye Surgeons of Indiana and / or the Surgical Care Center will submit a claim on my behalf to my insurance carrier. I agree to pay upon receipt of a bill, the full amount due and payable for the services and supplies I have received, less applicable insurance payments, unless prior payment arrangements have been made with the Collection Department. I understand that I will be responsible for all costs associated with the collection of my balance due, including collection fees and attorney's fees, should the balance become delinquent. I fully understand that I am financially responsible for the payment of the full amount of the services and supplies that I receive and I agree to pay the full amount or balance due thereof should my insurance carrier fail to make any payment, or make payment for less than the total of the charges. Insurance payments in question are a matter to be resolved between the insurance policyholder and his or her insurance carrier within 30 days of receipt of payment. I agree to pay the account balance in full, which is outstanding more than 30 days beyond the date of receipt of the insurance payment(s).

All co-pays and deductibles are due at the time of service. If you do not have insurance or do not have your insurance card we require full payment at the time you receive care, or we may reschedule your appointment. If you are going to have surgery you will speak with one of our Surgical Schedulers, who will explain your surgery and the methods of payment for the surgery. If you do not have insurance, or if the care you are to receive is not covered by your insurance provider, we require payment prior to the surgery. We accept cash, checks, money orders, and credit cards. There is a \$30 service charge for all returned checks. Other payment plans may be available to you under extreme circumstances—please explain your concerns to the Surgical Scheduler at the time you speak with them.

It is very likely that your eyes will be refracted at the time of your office visit. This procedure is done in the interest of providing you the best possible care while you are with us. Medicare and most insurance carriers do not pay for this service, so you will be required to pay for it at the time of your visit. All co-pay fees will be collected at the time of service.

No-shows and late cancellations represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours prior to the appointment. We reserve the right to charge for no-shows or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice. There is a potential charge of \$35 for all no-show appointments and cancellations less than 24 hours prior to your scheduled visit.

### **Return/Refund Policy**

If a refund for merchandise or services is contemplated, please contact the Eye Surgeons of Indiana/Surgical Care Center to discuss policies and options. When mutually agreed upon, refunds will be made to the account of the credit card used to originally make the charge or purchase. When that is not possible, Eye Surgeons of Indiana/Surgical Care Center may, at its sole discretion, choose to refund the agreed upon amount by corporate check.