Retina of Auburn & Metro-Columbus

Ram Peddada, MD, DSc
Board Certified . Fellowship Trained

(334) 521-0041 (Auburn and Dothan)
(706) 221-9702 (Columbus)

FINANCIAL POLICY

We are committed to providing you with the highest level of service and quality care. If you have medical insurance, we will strive to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and understanding of our financial policy. Ultimately, however, any and all financial liability rests with the patient.

Our office participates with most major insurance plans. We provide **MEDICAL and SURGICAL** ophthalmologic care to our patients, as opposed to **exams for eye glasses**. We do not provide any refraction or eye glasses nor participate with **ANY** vision plans (VSP/Davis Vision, etc.). **If you have a managed care 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.

It is the patient's/parent's/guardian's responsibility to:

1. Be familiar with the benefits of your plan, including co-pays, co-insurance and deductibles.
2. Bring all of your current insurance cards to all visits.
3. Provide our office with current information including address, phone numbers and employer.
4. In accordance with your insurance contract, you must be prepared to pay your co-pay at each visit. Most insurance companies **will not allow** for co-payment not to be collected. So, **please do not ask us to waive your co-payment**. We accept cash and checks for services.
5. An estimate of the cost for the day's visit including examination, diagnostic testing, and treatments will be presented to you at your visit. You may be required to make your co-payment based on that estimate. Should there be any reason for your insurance to deny some or all of the charges then you will be responsible to make payment at a later date of the unpaid balance. In most situations, we will obtain a pre-certification from your insurance so that this will not happen.

Retina of Auburn & Metro-Columbus

Ram Peddada, MD, DSc
Board Certified . Fellowship Trained

(334) 521-0041 (Auburn and Dothan)
(706) 221-9702 (Columbus)

We appreciate prompt payment in full for any outstanding balance. If your account is turned over to our collection agency, you agree to pay any fees imposed by the collection agency in order to collect the overdue amount. Any check payments that do not clear the bank will be subject to a **$25.00** returned check fee.

For all services rendered to minor/dependent patients, we will look to the adult accompanying the patient and/or the parent or guardian with whom the child resides for payment. In cases of separation or divorce, when presenting insurance cards for a dependent enrolled under a subscriber other than you, please be prepared to supply their name, address, phone number, date of birth and social security number. We request that you inform the subscriber that their insurance has been used.

Self-pay patients must acknowledge that despite making payments for the treatments received including complex retinal surgeries, several intravitreal injections and multiple visits to the clinic, retina may not be healthy enough to see well. Such patients are encouraged to make their decision about further intervention carefully, and not to hesitate to seek a second opinion from another retina specialist.

I have read and understand the above financial policy.

_____ _____
Signature of patient/guardian/parent Date

_____ _____
Printed name of patient/guardian/parent Date