

Retina Consultants of Michigan  
Office Billing Policy  
Updated 1/1/2017

Insurance copays will be collected on the date of service at the beginning of the appointment. For your convenience, our office accepts cash, check, Visa, Mastercard and Discover.

Any co-insurance or deductible acquired from a visit will be due in full no later than 90 days from date of service. This is to allow time for your insurance company to respond to our bill and notify us of your responsibility for the visit.

Please remember your insurance policy is between you and your insurance company and not between the insurance company and your doctor. **It is your responsibility to know the special terms, deductibles, copays and co-insurance of your insurance coverage.** Failure to notify us of the proper insurance at the time of service may result in non-covered expenses which will be your responsibility.

If after 90 days we have not received payment from your insurance company, our office reserves the right to send the entire bill to you for payment. It will then be your responsibility to contact your insurance company with any questions or concerns regarding your bill.

If your insurance (HMO) requires you to have a written referral, it is your responsibility to obtain this PRIOR to your appointment. If you do not have the referral, you will need to reschedule your appointment or pay for the visit at the time of service.

Private pay (no-insurance) must pay on the date of service at the beginning of the appointment.

Our returned check fee is \$30.00 for insufficient funds and \$50.00 for closed accounts.

We no longer provide payment plans for balances. Failure to keep current on your account may result in the rescheduling of an appointment.

If there is no activity on your account for 90 days, we reserve the right to turn the bill over to a collection agency.

By signing below I am stating I have read, and understand this office billing policy.

\_\_\_\_\_  
Print patient name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient and/or guardian if under 18 years old

\_\_\_\_\_  
Relationship to patient