Patient Financial Responsibility Policy

Insight Ophthalmology, PLLC

We are honored and committed to provide you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies, which are as follows:

- The patient is ultimately responsible for the payment of his/her treatment and care.
- The patient is responsible for charges associated with Insurance copays/co-insurances, deductibles, and non-covered charges.
    - **Payment(s)/Copayment(s) are due before services are rendered.** Insight Ophthalmology, PLLC does not have the power to waive copayments and deductibles. You are responsible for knowing your insurance benefits.
- Patient statements are mailed monthly. The patient is responsible for making a payment, or for arranging a payment plan, within 30 days of the date that appears on his/her patient statement.
- The patient is aware that **failure to pay for his/her treatment and care will result in collection actions being taken to collect the debt** (i.e. being sent to a collection agency). **An additional 20% fee will be added if sent to collections**. The patient is responsible for any costs associated with collections of patient balances.
- Insight Ophthalmology, PLLC does not participate in vision insurance plans. Please refer to the refraction consent form to learn more about the refraction fee for glasses.

Assignment and Release: I authorize payment to be made directly to Insight Ophthalmology from my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize release of any medical care information requested by my insurance company. My signature acknowledges that I have read and understood this information.

新光眼科患者财务责任政策书

我们很荣幸并致力于为您提供最优质的医疗服务。我们要求您阅读并签署此政策书，以确认您了解我们的患者财务政策，如下所示：

- 患者最终负责支付他/她的治疗和护理费用。
- 患者负责支付与保险的相关的费用，例如但不限于共付额、自付扣除金 和未承保费用.
    - 共付额应在提供服务之前支付。新光眼科无权免除共付额。您有责任了解您的保险福利。
- 患者账单每月邮寄一次。患者有责任在账单上显示的日期后 30 天内付款或安排付款计划。
- 患者如果未能支付其治疗和护理费用，将导致采取催收行动来追收债务（即被发送至收债机构）。如果发送至收债机构，将额外收取 20% 的费用。患者负责承担与收取患者余额相关的任何费用。
- 新光眼科不参加视力保险计划。请参阅验光同意书以了解有关眼镜验光费用的更多信息。

我授权我的保险公司直接向新光眼科付款，并且我对我的保险未承保的所有服务承担财务责任。我授权发布任何我的保险公司要求提供医疗护理信息。我的签名表明我已阅读并了解此信息。