



## UNDERSTANDING YOUR SURGICAL BILL

As you prepare for your surgery, we want to make sure you understand how you will be billed for the services you receive. **You may receive up to three separate bills.** The success of your treatment depends on a team effort by many dedicated professionals with the three medical entity's in the operating room. **Due to government and insurance rules** each entity of your team must send you a separate bill and collect payment from you separately.

Here is an explanation of the bills you may receive:

- OPTHALMOLOGY CONSULTANTS, LTD= SURGEON'S BILL
- ANESTHESIA = ANESTHESIA'S BILL
- FACILITY WHERE SURGERY IS BEING PERFORMED = FACILITY BILL

It is your responsibility to understand your contract between you and your insurance company. Please take the time to contact them prior to your surgery so that you fully understand your financial obligation with each entity.

We realize that these multiple bills can be confusing. Our staff will do their very best to help you with questions and guide you to proper sources for information.

Feel free to contact our insurance specialists at 314-432-5478 with any further question  
M-F 8:30 am – 4:30 pm x 418 Candace – Dr. Lee & Dr. Santos patients  
M-F 7:00 am – 2:30 pm x 420 Penny – Dr. Donahoe & Dr. Gira patients  
M-F 7:15 am – 3:15 pm x 421 Jamie – Dr. Amato & Dr. Krishnasamy patients

I FULLY UNDERSTAND THAT THERE ARE UP TO (3) THREE SEPARATE BILLS WITH MY SURGERY.

PT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I FULLY UNDERSTAND THAT EACH ENTITY WILL BE BILLING ME SEPARATELY THAT PAYMENT TO EACH ENTITY IS SEPARATE.

PT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SWEDBERG EYE CARE

OPHTHALMOLOGY CLINIC

### FINANCIAL POLICY

We are committed to providing you with the best possible eye care. If you have medical insurance, we will bill your insurance carrier as a service to you. Swedberg Eye Care's payment policy is as follows:

**Payment for services are due at that time the services are rendered** unless payment arrangements have been arranged in advance. Understanding your health care insurance plan may be difficult but we are here to help.

1. Your insurance is a contract between you, your employer and the insurance company. **You need to make every effort to understand what your insurance will pay for and what they will expect you to pay for.**
2. **Referrals from your Primary Care Physician and Authorization from your Insurance Plan, are often required under your policy.** It is your responsibility to check with your insurance to see if any of these are required and to ask your Primary Care Physician for a referral to see another physician.
3. Not all services are a covered benefit in all contracts. For example, **some insurance policies may not cover routine eye exams and refractions.** A **Refraction** is the process of determining the eye's refractive error for an eyeglass prescription. This exam is not a covered service by **Medicare, Secure Horizons** or most other insurances. The **refraction fee is \$55.00** and due at the time of service.
4. As the patient, you are fully responsible for payment of rendering services and are therefore held responsible for subsequent balances. We will do our best to bill your insurance first. We accept cash, Visa, Master Card, and checks payable to Dr. Steven H Swedberg, MD, PS. Convenient payment plans may be arranged by contacting our billing department at (425) 778-2500.

We must emphasize that, as medical care providers, our relationship is with you, not your insurance company. We will gladly discuss your proposed treatment and answer any questions related to your insurance.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account. We are happy to make your visits to us affordable for you, and will work with you to establish a plan that can work for everyone.

If you have any questions about the above information or any uncertainty regarding insurance coverage, please do not hesitate to ask us. We are here to help.

There will be a fee of \$30 for all NSF checks. Past due accounts over 60 days will be charged a minimum of \$5.00 per month. Past due accounts over 90 days may face collection proceedings and are subject to applicable collection fees.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_