



SOLOMON EYE PHYSICIANS & SURGEONS PATIENT RIGHTS
& RESPONSIBILITIES
FINANCIAL POLICY

1. All appointments must be scheduled in advance; with the exception of emergencies.
2. Notify us of changes in your address or insurance information at the time of the change, so we are able to update our system and give you accurate coverage information. Also, a current copy of your State Issued Identification card and Insurance card must be presented at the time of services. Without it, your appointment may be rescheduled.
3. Know your insurance policy. It is in your best interest to know the rules, regulations, and policies for your own coverage, and whether a referral is required. If one is necessary, don't forget to bring it with you. Without a referral your appointment will be rescheduled.
4. Co-payments must be made when services are rendered. (This is a health insurance requirement.) In the event that you are not able to pay the co-pay when service is rendered, your appointment will be rescheduled or, if it's an emergency, a \$15.00 service fee will be charged to your account.
5. Appointments are limited. If you are unable to keep an appointment, please notify the office at least 24 hours prior to your appointment; this way we can offer the spot to another patient. If you fail to do so, a \$50 no-show fee will be assessed to your account.
6. The tests we order are medically necessary. It is your responsibility to know which lab and radiology tests your insurance will cover and which providers are in system for your coverage.
7. We will phone you only with test results that require additional testing or discussion, which will require a consultation appointment. To protect your privacy, we will only discuss results with authorized persons.
8. There is a \$25 fee for every disability, MVA or any other form that needs completed. All forms will be completed within one week.
9. There is a fee for copying medical records. According to Maryland state law, you will be charged \$0.76 per page for the first 35 pages; subsequent pages will cost \$0.20 each. Records will be sent via First Class mail; patient is responsible for the cost of postage. Because records generally take 7 to 10 business days to process, please be sure to allow for that time when you submit your request form.
10. Please pay your bill promptly. If you are unable to do so, please call us in BOWIE 301-464-1885 and ask for Josie or Nicole before your appointment to arrange for payment or billing options.
11. Returned checks for insufficient funds incur a returned check fee in accordance with Maryland state guidelines.
12. All refraction fees are due at time of service.
13. Please let us know if you have any comments or suggestions on how we may serve you better.



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We are dedicated to providing you with the best possible care and service, and regard your understanding of our financial policies as an essential element of your care and treatment. If you have medical insurance we are pleased to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our financial policy. If you have any questions; please feel free to discuss them with our staff.

Payment for services is due at the time services are rendered. All patients are ultimately responsible for their own bill. Patients who have health care coverage are responsible for providing the office with complete and accurate information regarding their insurance. You are responsible for obtaining necessary referrals for your initial office visit as well as referrals for additional visits and surgeries.

Patients without healthcare coverage are expected to pay in full at the time of service.

All balances that are past 90 days will be sent to a collection agency. Should your account be sent to a collection agency, you will be financially responsible for all collection fees and legal fees that our office incurs to collect the outstanding delinquent balance. Your account will be processed an additional 25% to cover these costs.

For your convenience we accept VISA, MASTERCARD, DISCOVER, AMERICAN EXPRESS, CHECKS & CASH.

INSURANCE:

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that your insurance is a contract between you, your employer (possibly), and the insurance company. We are not a party to that contract except where we are contracted as preferred providers. We will bill those plans with which we have an agreement and will collect any required copayment at the time of service. Because billing and mailing statements is an expensive process, we ask that your portion of our fees, including deductibles and copays, be paid at the time of your appointment. In the event your health plan determines a service to be "not covered"; you will be responsible for the complete charge. We will bill you and payment is due upon receipt of our statement.

The above policies apply to minor patients also. We strongly recommend the minor's responsible party accompany them to the office

Updated 06/11/2018.

Patient Signature: _____ Date: _____