

RETINA INSTITUTE OF NORTH CAROLINA, PC

OFFICE AND PAYMENT POLICIES

1. It is the patient's responsibility to know and understand your medical insurance benefits. If your insurance requires a referral, you will be responsible for obtaining the proper referral. Please let our office know when there are any changes in insurance, address, phone number, etc.
2. **Your copay and deductible must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-pay/balance each visit.**
3. Please be aware that some of the services you receive may be non-covered by Medicare or other insurers. You will be responsible for these services.
4. Appointments begin promptly at your assigned time. If you are 10+ minutes late, we may ask you to reschedule.
5. Please allow at least 24 hours for prescription refills and call returns.
6. **Please give our office a 24 hour notice if you unable to keep your appointment or need to reschedule.**
7. If you do not show for your appointment or you cancel less than 24 hours from your scheduled time, there will be a \$25.00 fee charged to your account.
8. Please allow up to 30 days to process medical record requests and any forms that need to be completed for disability claims, insurance companies or work.

I have read and understand the office and payment policies. I agree to abide by its guidelines.

Patient signature: _____

Date: _____