



Eye Associates of Green Bay, SC

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A.J. Stankevych M.D.

N.A. Stankevych O.D

FINANCIAL POLICY

Patient Responsibilities

We want to thank you for choosing Eye Associates of Green Bay, SC as your health care provider. Our staff is dedicated to providing you with the best possible care and service. Payment for your medical services is considered part of your medical care, and we believe that it is in your best interest to understand your financial responsibilities.

The fees set by Eye Associates of Green Bay, SC are determined by using a resource created by Centers for Medicare and Medicaid Services, which was developed specifically for assigning reimbursement rates for physician services. Payment of fees can be made with cash, check, money order, debit card, Visa, MasterCard, or Discover.

INSURANCE

Eye Associates of Green Bay, SC has contracted with many insurance companies. As a courtesy, Eye Associates of Green Bay, SC will file a claim to your insurance company on your behalf. In order to file an accurate claim, you must present your insurance card at each visit. If you prefer not to show your insurance card, you will be responsible for filing a claim to your insurance company.

You are responsible for determining whether or not our physicians are in your network, confirming that you are eligible for full benefits, and obtaining any necessary pre-certifications and/or pre-authorizations. If we are not contracted with your insurance, we will still be happy to see you and treat your medical needs. However, seeing an out-of-network provider, or not obtaining necessary certifications and/or authorizations, may result in reduced/denied benefits.

We are required, by our contracts with your insurer, to collect co-payments for services at the time they are rendered. Additionally, you may be required to pay deductible and/or co-insurance at the time of service.

UNINSURED

We realize that not all patients have health insurance. If you do not have health insurance, full payment is expected at the time of service.

LIABILITY CLAIMS

If you receive medical care due to personal injury or accident, as a courtesy, Eye Associates of Green Bay, SC will file a claim to the liability insurance carrier you provide at the time of service. Full payment of expected charges is due at the time of service.

I have read and have understood the Eye Associates of Green Bay, SC Financial Policy. I agree to be fully responsible for the medical charges incurred by the patient and agree to pay bills in full at the time of service unless other arrangements are made. I authorize Eye Associates of Green Bay, SC to release any information needed to process insurance claims. I authorize Eye Associates of Green Bay, SC to release any demographic information needed for surgery or tests. I authorize my insurance claim to be paid directly to Eye Associates of Green Bay, SC. I understand Financial Counselors are available if I have questions or concerns about my financial responsibilities.

Patient Name (please print)

Date of Birth

Signature – Patient, Guarantor or Legal Guardian

Date

Name (please print) – Patient, Guarantor or Legal Guardian

Patient Number