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Iowa Retina Consultants Financial Policy Agreement

We are dedicated to providing the best possible care and medical service to you and regard your complete understanding of your financial responsibilities as an essential element of your care. The following is our financial policy, and by accepting care from Iowa Retina Consultants, PC (IRC), you agree to be bound by this policy. This form cannot be modified by the patient/guardian without our written consent. Your signature acknowledges agreement to this policy, which is required prior to services being provided.

PROOF OF INSURANCE AND IDENTITY

- For each appointment, you are required to present your current insurance card(s) and valid photo ID. It is your responsibility to notify our practice regarding any insurance or address changes.

PAYMENT IS DUE AT THE TIME OF SERVICE

- Unless other arrangements have been made in advance by either you or your health insurance carrier, full payment is due at the time of service.
- You are responsible for the payment of your account regardless of insurance coverage.

COLLECTION OF UNPAID BALANCES

- After reasonable efforts to collect unpaid balances owed to IRC are completed, which shall be determined in IRC's sole discretion, IRC may seek the assistance of a collection agency or lawyer to obtain payment of all amounts owed to IRC. By providing us with your wireless/cell phone number, you are hereby granting us, and our agents or independent contractors, your consent to receive calls on your wireless/cell phone number for billing and debt collection purposes. If you have any questions regarding your balance, please call our billing office at (515) 222-6400.

GENERAL NOTES REGARDING IRC'S FINANCIAL POLICY

- If, after the patient's insurance or health plan makes a payment and a credit balance results on the patient's account, the credit balance will first be applied to any other balances due by the patient to IRC. After all amounts owed to IRC are paid, a refund will be issued within 60 days from the date the credit balance is identified.

PATIENT ACKNOWLEDGEMENT

I have read and understand the financial policy of IRC and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by IRC. I authorize Iowa Retina Consultants, PC to release all information to secure payment. I assign all medical benefits to which I am entitled to Iowa Retina Consultants, PC for services rendered by same. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as an original.

Printed Name of the Patient

Signature of Patient or Responsible Party

Date