

- Payments Due at Time of Service**
- Co-pays, co-insurance, deductibles, and all non-covered charges are your financial responsibility and are due during the check-in process.
 - Any medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility and will not be eligible for any discount in accordance with state and federal law, as well as participating agreements with payers.
 - If you receive more than one type of service on the same day, you may be responsible for more than one co-pay depending on your insurance.

- Remaining Balances After Insurance**
- Any balance incurred after insurance has processed claims will be due in full within 30 days.
 - Payment due after services can be made by mail or online at www.mypatientvisit.com.

- Methods of Payment**
- Payment is accepted in the form of cash, check, credit card (VISA, Master Card, Discover, American Express) or via the Care Credit service.

- In Network vs Out of Network**
- Your insurance coverage and benefits are a contract between you and your insurance company, or you and your employer if your employer has a self-funded plan. Accordingly, all disputes must be handled either between you and your insurance company or you and your employer.
 - For plans that we do not participate with, those will be considered out-of-network. Payment is expected in full at the time of service. Our Patient Billing Coordinators will be in contact to provide a Good Faith Estimate.

- Medicare**
- Please make sure you have a full understanding of your healthcare benefits and what might be your responsibility if a service is not covered by your insurance plan.
 - Medicare requires that we give patients written notification when it is likely they will be responsible for a bill.
 - Medicare only covers services at 80% of the cost for that service. If there is no secondary insurance, patients are responsible for the remaining 20%.

- Self-Pay Patients**
- Payment for services is **due in full** at the time of service. Please call the office about the fee associated with self-pay rates to be paid prior to services rendered.

- Waiver of Patient Responsibility**
- The practice will not waive, fail to collect, or discount any payments, co-insurance, deductible, or other patient financial responsibilities in accordance with state and federal law.

- Surgery patients**
- Insurance benefits will be verified before surgery is scheduled. Patients will be advised of their financial responsibilities, and payments must be received before surgery is rendered
 - RVSCNY will obtain the required authorizations for surgery.
 - Emergency surgeries may not be subject to these requirements.

- Payment Plans**
- Our billing department is committed to working with you regarding payment of any balance due to our practice.

Any questions, call 1-315-445-8179



RETINA-VITREOUS SURGEONS
OF CENTRAL NEW YORK, P.C.
Patient Handbook and Financial Policy

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4104 Vestal Road , Suite 103
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WATERTOWN OFFICE
22708 Summit Drive
Watertown, NY 13601

ITHACA OFFICE
821 Cliff Street Suite 6
Ithaca, NY 14850

Phone: 315-445-8166
Toll Free: 800-654-0554

Your appointment
is scheduled for:

About the Practice

Welcome to Retina-Vitreous Surgeons of Central New York, a regional and national leader in the management of retinal disorders for over 50 years with offices in Syracuse, Watertown, Binghamton, Ithaca and New Hartford. Our board-certified, fellowship-trained retinal physicians and surgeons have immense training, knowledge and experience in diagnosing and treating retinal disease. You have been referred to us because this is our specific area of interest and expertise.

Retina-Vitreous Surgeons of Central New York is dedicated to providing highly skilled, state-of-the-art and compassionate care for all our patients. The physicians actively participate in cutting-edge medical research, developing new retinal treatments that can further improve patients’ vision and patients’ lives. Through our affiliation with Upstate Medical University and the Veterans Administration Hospital, we are also actively involved in educating medical students and ophthalmologists in training.

Vision is so precious, and we are truly honored by those patients and referring doctors who have placed their trust in our physicians and our well-established medical practice over the years.

GENERAL INFORMATION

Office Hours

- Main Office, Liverpool: Monday-Friday 7:30-5:00
- Satellite Offices: Call the main office for satellite office hours
- Emergencies: An on-call physician is available for emergency visits after hours at the main office in Liverpool, NY

Things to Bring To Your Appointment

- Health Insurance Card(s)
- Driver License
- Method of Payment
- Payment for prior balances
- New Patient Paperwork

Missed or Cancelled Appointments

- 24 hours notice is required to cancel and/or reschedule all appointments
- Failure to show for a scheduled appointment or cancelling less than 24 hours in advance of appointment may result in a fee of \$50.

Appointments

- Please arrive 10 minutes prior to your scheduled appointment. New patients will have paperwork to complete if not done prior to the appointment.
- It is your responsibility to verify that the physician is under contract with your insurance plan and that you have obtained all necessary referrals before your scheduled appointment. Failure to confirm this may result in your responsibility for all charges.

(Continued)

- Please inform the receptionist of any demographic changes (phone number, address, insurance information, etc.). Failure to immediately notify us of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier.
- All co-pays are due at the time of service.
- To cover our costs there will be a fee of \$35 for any checks returned to our office.
- Unless emergent, all balances are due prior to any service provided by our office. If payment of your balance is problematic, please contact the billing department.

Minor Patients

- The parent(s) or guardians(s) accompanying a minor are responsible for providing current insurance information and full payment for services provided. A copy of this policy may be provided to each parent living in separate residences.
- When a minor arrives at an appointment unaccompanied by a parent or guardian, he/she must provide the office with an Authorization for Medical Treatment form signed by a parent or guardian.
- In compliance with HIPAA regulations, we will be unable to discuss any details of services rendered or produce an itemized bill for any parties that are not the patient, parent, or legal guardian unless otherwise documented.

FINANCIAL POLICY

Participating Insurances

- We participate with most major payers.
- A list of participating insurance companies can be located on our website.

Payment Information

- Deductible: The amount you must pay out of pocket for expenses before the insurance company will cover the remaining costs. Example: Patient must pay \$1500 before the insurance company will cover certain services at a certain percentage.
- Co-Pay: Usually a small, fixed amount required by the health insurance is to be paid by the patient for each service. Example: Physician agrees to accept \$100 for payment of services, patient pays \$25, and the insurance pays the remaining \$75.
- Co-Insurance: The patient and the health insurance share costs incurred after the deductible is met. Example: Patient has met a predetermined deductible amount; insurance will pay 80% of costs for services and the patient is responsible for 20% of cost of services unless there is secondary insurance.
- Out-Of-Pocket Payment: Your Expenses for medical care are not reimbursed by insurance. Out-of-pocket costs include deductibles, co-insurance, and co-payments for covered services plus all costs for services that are not covered.