



Insurance / Financial Information

At Advanced Retina Institute, we understand how confusing medical insurance can be. Please review the following information about the insurance plans we accept and the process in which we work with your insurance carrier. Please note, our staff are not insurance specialists. The information we are given by your carrier is not a guarantee of their payment. Ultimately, any and all financial liability rests with the patient.

MEDICARE

Our practice accepts traditional Medicare. As per our Medicare contract, we accept the Medicare allowed payment for services rendered. Medicare pays 80% of their published allowed amount. We will collect the remaining 20% from a supplemental insurance plan, or you, the patient, if you do not subscribe to a supplemental insurance plan.

- We will submit claims to Medicare AND an active supplemental insurance plan if applicable.
 - After Insurance payment is received, we will send a statement for payment of any remaining unpaid balance including annual deductible and out of pocket expenses deemed your responsibility.
 - Patients without a supplemental insurance plan – we will collect the Medicare 20% co-payment at the time of service.
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MEDICARE REPLACEMENT PLANS – Known as Medicare Advantage or Medicare Managed Care Plan

These carriers require physicians to sign a contract to participate in their plans. We will verify active coverage and benefits before each visit. While our office staff can advise you if we are participating in your insurance plan, and can obtain minimal benefit information, we cannot guarantee benefits will be paid. We recommend you check with your insurance plan to verify your plans requirements concerning physician network, authorization requirements and inquire on specific benefit questions you may have.

For plans we do not have a contract with or participate in, benefit information we are able to receive will determine whether we will collect payment from you at the time of service.

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We will file a claim with Medicare Advantage plan carriers for services rendered. However, payment at the time of service may also be required. We will collect all applicable co-payments at the time the service is rendered.

Authorization – Precertification requirements:

HMO and PPO plans may require authorization for you to be seen in our practice. Please notify us of any authorization requirements at the time of scheduling. We will make every effort to obtain authorization for your care, however your assistance may be needed. We will reach out to you if needed.

If you have a primary care physician who is required to approve your care, please contact that physician, and advise of your appointment with our office. Your primary care physician will need to know the date of the appointment, name of the physician and reason you are being seen. We greatly appreciate your assistance.

Patients from Out of State:

Patients traveling to our area from out of state - please notify your plan when seeking care outside of your home area as your coverage and benefits may change. Also, we may not participate in your plan therefore collection of services rendered may apply. We will do our best to assist in verifying what your benefits are, however, it is ultimately your responsibility to obtain this information and understand how your benefits work when traveling. We will collect co-payments, deductibles, or full charges at the time of service based on the information we are able to obtain from your carrier. If any authorization is required by your plan, you will be responsible for ensuring this process is completed. Our staff will make every effort to assist in obtaining authorization, however their access will be limited because we do not have a contract with your health plan.

COMMERCIAL INSURANCE PLANS

There are two different types of commercial insurance plans: Managed Care- Example: HMO, PPO or Traditional.

Managed Care:

Our practice has signed participation contracts with many Managed Care commercial carriers. Managed Care plans require patients to see physicians that have contracted to be in their network. Please verify our practice is participating in your plan by calling your carrier or checking with our staff.

If we participate in your plan, we will collect any co-payment, deductible and other out of pocket expenses per our investigation of benefits at the time of service. We will submit a claim for payment of the remaining balance. Should the carrier indicate an additional amount is patient responsibility, we will send a statement for payment to you.

If we do not participate in your plan, we will expect payment for all services rendered at the time of service. A receipt will be given to you with all the information needed so you may file a claim with your carrier for potential reimbursement. We advise you to check with your plan to verify your benefits when seeing a physician outside of your managed care network.

Traditional:

Traditional plan simply means the insurance coverage is not a managed care plan and the provider does not have any contractual obligation to the plan or patient. If you have a Traditional plan, a receipt will be given to you to file a claim with your carrier for reimbursement of our services. We will collect for all services rendered at the time of service.

Authorization – Precertification requirements:

Your plan may require authorization for our services. Please contact your carrier to ensure all requirements are followed and notify us of any authorization requirements at the time of scheduling. If needed, we will make every effort to assist you in obtaining authorization for your care, however this is ultimately your responsibility. Authorizations not obtained could result in denial of payment.

If you have any financial questions or concerns, our staff are here to help you. Please contact our office at 239-544-3122.

Thank you,
Advanced Retina Institute