

Thank you for choosing Tri-State Ophthalmology to serve your eyecare needs. We are committed to your successful treatment. The following is a statement of our Patient Financial Policy, which we require that you read and sign prior to any treatment. Our practice believes that a good physician and patient relationship is based upon understanding and good communication. Therefore, we want to communicate our Financial Policy to you in writing so that you will know what to expect at the time of your visit.

### **Insurance**

All patients must provide current information before being seen by the doctor. We accept assignment from many medical insurance companies, but if your insurance does not cover your visit or treatment within a reasonable time frame (45-60 days) the balance may automatically be transferred to the patient's responsibility. Tri-State Ophthalmology does not participate with Vision Insurance Plans. Please be aware that some of the services provided may be non-covered services and considered not reasonable and necessary under Medicare and/or other medical insurance guidelines.

We must emphasize that as medical care providers, our relationship is with you, not your insurance company. We will appeal disputed claims with insurance companies to the extent additional documentation is required from us for your claim to be processed. While the filing of insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the services are rendered. You may need to contact your insurance company to resolve payment disputes.

### **Patient Balance**

All co-payments (co-pays), deductible, and balances owed are due at the time of service. If your insurance applies any of your charge to your annual deductible or coinsurance, that portion is due and payable by you at the time of service. If you have elected to use our practice and our physicians out of your network of coverage, please check with your insurance regarding benefit levels. Your employer or provider of insurance determines your benefit coverage by contracting with a particular insurance company. If you have questions regarding your coverage, please speak with your human resources representative or use the payer web address listed on your card. **It is your responsibility to understand your benefit coverage.**

Self-pay patients are required to pay the day of service as well. Other payment arrangements may be made prior to a visit in some circumstances.

We realize that temporary financial problems may affect timely payment on your account. If such problems arise, it is recommended that a payment plan be initiated. We encourage you to contact our billing office at 606-324-2451 for prompt assistance in the management of your account.

## FINANCIAL POLICY



*Dr. John Gross, M.D. • Dr. Carter Gussler, M.D. • Dr. Joshua Gross, M.D.  
Dr. Cody Williams, D.O. • Dr. Joshua Daniel, O.D.*

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### **Payment Details**

For your convenience, our office accepts cash, personal check, and credit/debit card payments. We have the capability to accept payments over the phone with your debit or credit account information. We reserve the right to process your payment electronically based on the information you provide to us. We reserve the right to apply your payment to any outstanding balance first.

NSF Checks: Any check that does not clear your bank account will result in a \$30.00 fee.

### **Account Delinquency**

An account is considered delinquent and may be referred for collections if payment in full is not made in a timely manner or you have not contacted our billing office to discuss payment arrangements. If you are unable to adhere to an original payment agreement, you must contact us to discuss alternative arrangements.

We reserve the right to bill a collections fee in addition to the outstanding amounts owed for services rendered. If not resolved in a timely manner, we reserve the right to dismiss you from our practice.