



Assignment of Benefits and Financial Policy Agreement

Mandell Retina Center PC is very pleased to have you as a patient. To enable us to keep our fees down, and pay our own bills in a timely fashion, we do require that our patients agree to the following policies, as a condition of receiving services:

Current insurance documentation must be kept on file at Mandell Retina Center at the time of your visit. As long as you provide us with your insurance documentation on the date of your visit, Mandell Retina Center PC will file your insurance claim with your primary, and secondary insurance carriers as a courtesy to you. However, your insurance policy is a contract between you and your insurance company. You acknowledge that you will be responsible for all charges not paid by your insurance company except as otherwise specified by, law.

It is also your responsibility to provide referrals from primary care physicians and other necessary documents, if applicable, no later than the day on which we provide care for you.

All payments are due at the time of service for medical services. Such payments include but are not limited to co-pays, deductibles, charges related to insurance plans with which we do not participate and charges for self-pay balances. *Any other financial arrangements or considerations outside of this agreement, must be coordinated with Mandell Retina Center PC's financial department at the time of service.*

Typically, accounts for ophthalmology services will be turned over for collections if balances continue to be due 90 days following your date of service, or you fail to comply with the financial arrangements made through the financial department. However, exceptions (that reduce or extend this 90 day period) may be made when reasonable in our judgment on a case-by-case basis or when dictated by requirements set forth by your insurance carrier. Before turning your account over to collections, we will attempt to contact you.

You agree to reimburse the fees of any collection agency, which may be based on a percentage at a maximum of 30% of the debt, and all costs, and expenses, including reasonable attorneys' fee, we incur in such collection efforts.

You hereby assign to Mandell Retina Center PC for its services to you benefits available for such services under insurance policies, workers compensations, governmental agency, disability, or other programs. This assignment of benefits to Mandell Retina Center PC shall be free of any offset for claims made by you or on your behalf, and may not be revoked with respect to services previously rendered. Similarly, you hereby assign Mandell Retina Center PC any proceeds from settlements, judgments or verdicts in your favor from third party liability claims for your injuries treated by Mandell Retina Center PC. With respect to such third party liability proceeds, Mandell Retina Center PC will be deemed to have a claim in an amount equal to its normal charges for services rendered, together with attorney fees, costs, and interest, as applicable Mandell Retina Center PC will be deemed to have a lien against the proceeds in such amount. Such claim will be free of offset for claims made by you or on your behalf, and may not be revoked with respect to prior services rendered. You agree that Mandell Retina Center PC will be authorized to receive direct payment of all assigned benefits/proceeds and that any attorney, insurance carrier or agency handling or disbursing such benefits or proceeds is hereby authorized and directed to withhold and promptly pay over to Mandell Retina Center PC the lesser of the full amount of its charge or the total proceeds or benefits available, without offset.

To the extent necessary to determine liability for payment and to obtain reimbursement, you agree that Mandell Retina Center PC may disclose your record to any person, Social Security Administration, insurance or benefit payer.

It is very important that you call within 24 hours in advance to cancel your appointment. If you do not notify our office, you will be considered a no-show for that appointment. On your second no-show occurrence, there will be a \$50 charge to your account.

By signing below, you represent that you have read and fully understand this agreement, and that Mandell Retina Center PC has made no representations not stated on this financial policy.

Photocopies of this agreement will be deemed to be duplicative originals for all purposes.

Signature: _____ Date: _____