

## **FINANCIAL POLICY**

### **Medicare Part B**

Dr. Groom of Groom Eye Center, PLLC is a Medicare Part B provider. She will accept assignment on all Medicare Part B claims. By accepting assignment, she agrees to adjust your charges to reflect the Medicare approved amount. However, Medicare only pays 80% of the approved amount, and the remaining 20% is your responsibility. If you have supplemental insurance, we will bill your supplement insurance for the 20% balance. **If there is any remaining balance after Medicare and the supplement insurance payment, it is the patient's responsibility.**

### **Private Health Insurance**

As a courtesy to you, we will file claims with your insurance company. Please understand, however, that your insurance reflects a contract between you and the insurance company, not Groom Eye Center, PLLC. You, as the patient, are ultimately responsible for your bill. **Patients without health insurance will be expected to pay at the time of service or to make payment arrangements with the billing office. We may also collect at the time of service, any fee that will be paid directly to you from your insurance company, as well as any co-pay or deductible amounts.**

### **Managed Care Networks**

Dr. Groom is a participating provider with BCBS/FL and Community Health Partners. We will file claims to insurers contracted with these organizations. Co-pays, co-insurance and/or deductibles will be due at the time of service. Dr. Groom also participates with a number of other managed care organizations. If you have any questions regarding participation, please ask at the front desk.

### **Usual, Reasonable and Customary**

Some insurance carriers have established "usual" and "reasonable and customary" maximum amounts that they will pay for specific procedures. These amounts may vary with each insurance company. Any amount considered in excess of the "usual" and "reasonable and customary" amount that is not paid by the insurance company, becomes the patient's responsibility.

### **Non-Covered Services**

Not all services are covered by all insurance health plans. Some services may not be covered by your specific or individual policy. **Services not covered or considered payable by the insurance company becomes the patient's responsibility. Refraction services are not covered by Medicare and most insurance plans. You will be required to pay for refraction at the time of service.**

**I have read and fully understand this information and I agree to accept financial responsibility for the unpaid balance of all accounts in the event the following authorization is insufficient to liquidate the account.**

**I request that payment of authorized Medicare benefits be made on my behalf to Groom Eye Center, PLLC, Mimi Groom, M.D. for any services furnished me by this provider.**

**I hereby assign and transfer any insurance benefit due me for the professional services that I have received, to Groom Eye Center, PLLC, Mimi Groom, M.D.**

**I authorize the release of any medical information necessary to process insurance claims.**

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Signature of Patient

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Date