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We are committed to provide you with the best possible care. To achieve these goals, we need your cooperation and understanding of our financial policies.

Co-payments or payments on balances are due at the time of service. Payments can be made by credit card, personal check, or cash. Patients with co-insurance will be billed as the information is received from your insurance company.

INSURANCE COVERAGE

If you have health insurance, it should be understood that it is an agreement between you and your insurance company to pay certain amounts for medical care. Your doctor's bill, on the other hand, is an agreement between you and your doctor. Our practice participates in most local insurance plans; however, it is your responsibility to determine whether or not we are a participating provider for your insurance carrier. If we participate in your insurance plan we will, as a courtesy, verify your coverage to *accurately verify the amounts due from you, (however, we are not liable for false or outdated information that your insurance provides to us)* bill your insurance carrier, and assist you in getting the claim paid. **You are responsible for payment of any deductible and co-payments as determined by your contract with your insurance carrier.** Copayments are expected at the time of service. Many insurance companies have additional stipulations that may affect your coverage. **You are responsible for any amounts not covered by your insurer.** If your insurance carrier denies any part of your claim, or if your treatment continues past your approved period, you will be responsible for your balance. Being educated about your individual policy is your responsibility and if you have any questions regarding coverage please contact the insurance carrier directly.

SELF-INSURED

Patients without insurance are requested to pay in full at the time of service.

I have read and understand the payment policies set forth and have been given the opportunity to ask questions about this policy.

Print , Sign and Date