



## Financial Responsibility

In an effort to control health care costs, we ask for payment at time of service. CEENTA will file an insurance claim for medical services rendered by our providers, as long as we have your current information on file, and you are eligible for benefits. Please help us assist you in expediting your claim submission by bringing your insurance card to each visit. CEENTA participates with most major medical plans. Your medical insurance should cover both Eye and ENT services when a medical condition exists. Routine services may not be covered by your medical insurance. Vision exams are often considered routine. Please be aware that although we participate with most major medical plans, we do not participate with most vision plans.

CEENTA prides itself on providing high-quality medical care to all of our patients. During the course of your visit with us, your physician may order and perform medical tests and procedures that are required to accurately diagnose and treat your condition. Please be aware that these additional services are often billed separately from the office visit. Examples of additional tests and procedures are punctal plugs in the eyelids and scopes used to visualize the back of the nose and throat. Although usually covered by medical insurance, these additional tests and procedures may increase your out-of-pocket expense based on the deductible and co-insurance rules applied by your health plan. Prepayments for surgery, ancillary testing, or other procedures may be required prior to the scheduled date when deductibles apply, or if services are not covered by your insurance company. You may also be subject to a fee for no-shows or cancellations (of both office encounters and surgery) without appropriate notice.

There may be instances when your physician and/or you choose a service that is not covered by your insurance company. Listed below are services that are typically not covered by most insurance carriers. This list is not all-inclusive but rather an outline of the services we are aware of that will not be paid for:

- Refraction
- Contact Lens Services
- "Routine" Exams
- Hearing Aids
- Cosmetic Procedures
- Visual Fields required by the DMV
- OptoMap

I understand that my actual charges may be different from charge estimates given to me. I also understand that an insurance company may not pay the full amount of my charges, and I may be responsible (as a patient, spouse, or the parent of a minor child) for the amount not paid. If I do not have health insurance or have not provided current or accurate insurance information, I am

responsible for payment of all charges. If I have overpaid on my account with CEENTA, I agree that the overpayment may be applied to pay any outstanding charges with CEENTA.

If you have questions about your insurance deductible, co-insurance, and/or if a test or procedure may not be covered by your insurance company, we encourage you to contact your insurance company directly.

Guarantor Signature: \_\_\_\_\_

Guarantor Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_