Buffalo Ophthalmology, PLLC

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Thank you for choosing Buffalo Ophthalmology, PLLC, as your eyecare specialist. Please review the following information to help you understand our financial polices and aid you in planning for payment, if necessary.

General Information for New Patients:

\*Please be sure to have any records sent to our office, prior to your scheduled appointment.

\*Bring valid insurance referral (if applicable) and treatment referral from your Primary MD or Referring MD.

\*Health insurance card(s) need to be given to receptionist at your first visit and scanned into your chart.

\*Bring applicable co-pay, coinsurance, deductible or payment.

\*Bring a current list of medications with dosage amounts.

\*Please arrive 15 minutes early to complete check in paperwork

Website:

If you like to visit our website for further information, please visit: www.buffalo-eye.com. We participate with most major insurance plans in Western New York. You may call your insurance company to verify that we participate.

**Appointment Policies:**

Appointment times are given as estimated times that patients will be seen for their office visit. The length of the office visits are based on the needs of each individual patient. Patients of this practice will be called 2 days before regarding their appointment date and time. It is the policy of this office that we require 24 hours cancellation notice, prior to a patients scheduled appointment time. If a patient fails to notify our office 24 hours prior to their scheduled appointment time, they are charged a $25.00 fee. Appointments that are a "no show" due to the patient not calling and canceling, the patient is charged a $35.00 fee. Buffalo Ophthalmology, PLLC, understands that not showing and late cancellations for appointments sometimes cannot be helped. As soon as you are aware that you will be unable to keep your appointment, you must notify the office immediately. This fee must be paid in full to Buffalo Ophthalmology, before scheduling your next appointment.

**Self-pay:** If you are uninsured, you are responsible for remitting payment in full at the time of service, unless prior arrangements have been made with our Billing Manager. **If you are unable to remit payment in full, having financial difficulty, or need to discuss payment options available to you, you must contact our Billing Manager (extension 103).**

WE ACCEPT CASH, CHECKS, VISA, MasterCard, American Express OR MONEY ORDERS

If your account is turned over to collections, you will be responsible for the added fees which may be based on a percentage at a maximum of 33.33% of the debt, all costs and expenses, including reasonable attorney fees, we incur in such collection efforts.

**It is the patient’s responsibility to understand their chosen insurance plan requirements. Co-pays, co-insurance and deductible amounts are determined by your individual insurance plans and are due and the time of service.**

**If a deductible amount is unknown or charges are undetermined at the times of service, a flat fee of $100 will be charged, and the balance, if any, will be billed (after the insurance explanation of payment is received). Any overpayment will be refunded within 30 days.**

There is a $10 fee for filling out DMV, FMLA, ect. Forms

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_