

Buffalo Ophthalmology Financial Policy

Thank you for choosing Buffalo Ophthalmology. Please review the following information to help you understand our financial policies.

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 or referring physician.

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

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

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

\*We require a valid credit card on file for payments not covered by your insurance.

\*You may choose other forms of payment, such as cash or checks for your convenience.

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

Website:

Additional information is available at our website: www.buffalo-ophthalmology.com.

**Appointment Policies:** 

We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. We reserve the right to charge \$50 for regular appointments cancelled or broken without advance notice of 2 business

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Fax: (716) 204-3166

Phone: (716) 633-7386

days. Appointment times are given as estimated times that patients will be seen for their office visit. The length of the office visit is based on the needs of each individual patient. Patients of this practice will be called 2 days before regarding their appointment date and time. 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.

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 practice administration. At the time of visit we do ask for an initial payment of \$250 with the remainder to be paid by the patient following the visit.

**Financial Arrangements:** 

We provide a variety of payment options. For your convenience we accept all major credit cards, cash, checks, and money orders. Returned checks will be subject to a \$50.00 returned check fee. If a check is returned no future check payments will be taken and payments will need to be made with cash or credit card.

Late Fees:

I understand that my account becomes delinquent if not paid within 30 days after billing and the unpaid balance becomes subject to monthly finance charge of 1.5% (18% APR) or \$35.00, whichever is greater. Any further delinquency will warrant the balance and any administrative fees being assigned to a collection agency.

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.

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Insurance and Form Fees:

I authorize payments to be made directly to Buffalo Ophthalmology by my insurance company, and I accept financial responsibility for all services not covered by my insurance. I authorize release of any medical care information requested by my insurance company. My signature below acknowledges that I have read and understand this information.

It is the patient's responsibility to understand their chosen insurance plan requirements. Co-pays, coinsurance and deductible amounts are determined by your individual insurance plans.

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 benefits is received). Any overpayment will be refunded within 30 days.

There is a \$10 fee for filling out Department of Motor Vehicles (DMV) forms. FMLA and other form fees are \$50 per form.

Credit Card on File Policy:

Buffalo Ophthalmology is committed to making our billing and payment process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will store your card number is a secure, compliant location in your electronic medical record. For security reasons, only the last four digits will be visible to our staff.

Our practice will submit a claim to your insurance plan. Your remaining out of pocket expenses will be determined by your insurance plan. After we receive this information, we will send you a statement. If we do not hear from you or receive a payment within 30 days, your credit card on file will be charged the amount you owe. You may call us prior to that to arrange a different payment method.

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If your payment is declined, we will call you. Your account becomes delinquent if not paid within 30 days after the original statement. The unpaid balance will be subject to a finance charge of 1.5% (18% APR) or \$35.00, whichever is greater. Further delinquency will be subject to collections with additional finance fees.

I give Buffalo Ophthalmology permission to charge my credit card for any patient balance due on my account.

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