

# Insurance / Financial Information Policies

At Retina Consultants of Southwest Florida, we understand how confusing medical insurance can be. Please review the following information which will help answer some of the basic questions about the insurance plans we accept and the process in which we work with your insurance company.

#### Medicare

All of our physicians participate with this government plan. Medicare has established an "allowed amount" for each of the services we provide. Medicare will pay 80% of the allowed amount and our practice collects the remaining 20% from the patient or supplemental insurance. Medicare deductibles may be the responsibility of the patient.

- If your supplemental plan is a Medigap, Medicare Crossover Plan, or Contracted Managed Care Plan, we will submit claims for the Medicare 20% payment. You will be billed for any amount not paid by your health plan.
- If your supplemental plan is NOT a Medigap, Medicare Crossover Plan, or Contracted Managed Care Plan, you will be responsible for filing your claim for reimbursement from your insurance company and we will collect the 20% co-payment at the time services are rendered.
- If the annual Medicare deductible is charged against our claims, we will submit a claim to the Medigap, Medicare Crossover, or Contracted Managed Care Plan supplemental insurance. If this is not paid, we will send a statement to you for payment.

## Medicare Replacement Plans (Medicare Advantage Plans)

There are two types of Medicare Replacement Plans: Managed Care Plans and Non-Managed Care Plans.

- Managed Care Plans (HMO/PPO): These insurance carriers require the physician to sign a contract to participate with their plans. Please check with our office staff to determine if your plan is one that our practice participates with. We will verify insurance benefits on all Medicare Replacement plans. For those plans we do not participate with, the benefits of your plan will determine whether or not we will collect at the time of service. We will always file a claim to the Medicare Replacement plans, but payment, at the time of service, may be the patients' responsibility.
- ➤ Non-Managed Care/Private Fee For Service (PFFS): These plans and their carriers agree to pay our office at Florida Medicare allowable rates. We will work with the carrier in submitting claims to obtain payment. If the carrier does not pay Florida Medicare rates, we will appeal to the carrier for the additional amount due, however, if the appeal is unsuccessful, the patient will be responsible for the payment.



#### Commercial Insurance Carriers

There are two different types of commercial insurance carriers: Managed Care and Traditional.

Managed Care: Our practice has signed participation contracts with many Managed Care commercial carriers. Please check with our staff to determine if your individual plan is one that we participate with.

If we do participate with your plan, we will submit a claim for payment of services rendered. We will collect any and all applicable co-payments, deductibles and out-of-pocket amounts at the time services are rendered.

If your plan is one we do not participate with, we will expect payment for all services at the time they are rendered. A receipt will be given to you that will list all of the information necessary for you to file a claim to your carrier for potential reimbursement of our services. We advise you to check with your plan to verify what your benefits and rights are when seeing a physician outside of your managed care network.

Traditional Plan: This means the insurance coverage is not a managed care plan and the provider does not have any contractual obligation to the plan or the patient. If you have a Traditional plan, a receipt will be given to you to file a claim to your carrier for reimbursement of our services. We will collect for all services rendered at the time of your visit.

## Medical Urgent and Emergent Care

ALL Medicare Replacement Plans, Managed Care and Commercial Carrier Plans-Should the insurance benefit verification determine you only have Urgent and Emergent Care Coverage, and your services are not urgent/emergent you will be responsible for paying the fee for all services at the time of service.

\*\*We will collect any applicable co-payments at the time services are rendered as indicated by your insurance carrier benefit verification\*\*

If you have any financial questions or concerns, our staff is here to help you. Please contact one of our Patient Account Specialists at (239) 936-7340. Please listen to the prompts which will direct you to the correct specialist. Long distance, please call 1-800-282-8281 and request to speak with a Patient Account Specialist.



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