



Mark R. Wieland, MD
James D. Palmer, MD
J. Luigi Borrillo, MD
Rahul N. Khurana, MD
Alok S. Bansal, MD
Louis K. Chang, MD, PhD
Jay C. Wang, MD

Celebrating 40 years of protecting sight and empowering lives

NCRVA Patient Financial Responsibility Policy

Thank you for choosing Northern California Retina Vitreous Associate (NCRVA). We are committed to providing you with the highest quality medical care. Your clear understanding of our Patient Financial Responsibility Policy and payment for services are important parts of our professional relationship. Please let us know if you have any questions about our fees, our policies, or your responsibilities.

Proof of insurance. All patients must complete the patient registration process prior to seeing the doctor. We must obtain a copy of your driver’s license or photo ID and current valid insurance card(s) (primary, secondary and tertiary as applicable).

We participate in most insurance plans. If we are contracted with your insurance, we will bill your primary insurance company on your behalf as a courtesy to you. To properly bill your insurance company, we require that you disclose all insurance information, including the correct primary and if any, secondary insurance, as well as any change of insurance information, on every visit. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. You will be billed after we determine what your insurance assigns to you as coinsurance/deductible or other “patient responsibility”. Co-payments are due at the time of service.

If your insurance requires a referral or authorization from your referring physician or primary care physician, we must have that referral/authorization before we can schedule your appointment. You can help ensure a successful new patient visit by asking your referring physician or provider if a referral or authorization has been approved for your visit with NCRVA. Once you are an established patient of NCRVA, certain services or treatments may require prior approval from your insurance. If your insurance denies the approval of the treatment, we may need your help in advocating for a reversal of that denial.

If we are not contracted with your insurance, we will do our best to communicate this to you before your visit. If you fail to provide us with the correct insurance information, your appointment will be cancelled and rescheduled when your insurance information has been entered and verified.

Mountain View

2495 Hospital Drive, Ste 545
Mountain View, CA 94040
P: 650-963-3460 | F: 650-963-3480

San Mateo

50 S. San Mateo Dr, Ste 125
San Mateo, CA 94401
P: 650-340-0111 | F: 650-340-9689

Good Samaritan

2512 Samaritan Court, Ste. P
San Jose, CA 95124
P: 408-356-8818 | F: 408-356-8849

East San Jose

200 Jose Figueres Ave, Ste 415
San Jose, CA 95116
P: 408-251-3500 | F: 408-251-3535

Monterey

798 Cass Street, Ste 200
Monterey, CA 93940
P: 831-373-6280 | F: 831-373-0151

Daly City

901 Campus Dr, Ste 215
Daly City, CA 94015
P: 650-994-2100 | F: 650-994-2121

If you have an emergent medical condition, and your insurance coverage cannot be verified prior to your appointment, you will be asked to sign the Patient Responsibility and Insurance Waiver Form to acknowledge that you agree to pay any portion of the charges not covered by your insurance plan.

Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. If your insurance continues to deny payment after all attempts have been made to collect, you may be responsible for payment of service and responsible for obtaining, if any, reimbursement from your insurance.

Self-Pay Accounts. If you have no insurance, or do not wish to use your insurance, and you still choose to receive medical care at NCRVA, you will be considered self-pay and will need to sign the Patient Responsibility/Insurance Waiver Form (or Advanced Beneficiary Notice of Non-coverage for Medicare patients) to acknowledge that you are personally responsible for the full payment of the services and treatment provided to you. The full amount will be collected at the end of the appointment, so please bring your preferred form of payment.

If you need surgery, we require payment of our physician's services in full before the surgery date. Our staff will assist with the paperwork, discuss preparations, and tests involved, and surgery scheduling process. However, you will need to contact the hospital and any other physicians who may be a part of your surgery (e.g., anesthesia) directly to get a quote and arrange payment for their services.

If your insurance becomes inactive, or you are covered by insurance plans we are not contracted with, you will be considered self-pay. Please ask to speak with a Billing Specialist to discuss a mutually agreeable payment plan. It is never our intention to cause hardship to our patients, only to provide them with the best care possible and the least amount of stress.

Co-payments and deductibles. All co-payments must be paid at the time of service. Deductibles are due after the insurance has processed the claim. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. To make payments convenient we accept cash, personal checks, money orders, or credit cards. We also provide you with the option to pay online when you check-in to confirm your appointment, pay online after your visit through email, or by phone by calling the Billing department at 650-268-8075.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly, such as the coordination of your benefits. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance

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benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. It is your responsibility to notify our office promptly of any patient information changes (i.e., address, name, insurance information) to facilitate appropriate billing for the services rendered to you. Failure to provide complete and accurate insurance information may result in the entire bill being categorized as a patient's responsibility. If your insurance company does not pay your claim in 60 days, due to "inactive" coverage, the balance will automatically be billed to you.

Financial Assistance through Manufacturer's or Independent Patient Assistance Programs.

Independent nonprofit charitable organizations assist eligible patients with some out-of-pocket costs associated with prescribed medical treatments. Assistance varies and may include help with copayments, deductibles, and/or coinsurance. Eligibility is determined based on a qualifying diagnosis for a specific disease fund and patients may have to meet certain income guidelines criteria. Once we have determined that you will need a treatment, one of our staff or patient financial assistance personnel will explain the program to you and obtain your consent or signature to allow these assistance programs to help us verify your insurance coverage for the treatment, and any remaining out of pocket costs to you. We may ask you to disclose your household size and an estimate of your household income to help the program determine the amount they can help cover for you.

Nonpayment. It is our practice policy that all past due accounts be sent three statements. If payment is not made on the account a single phone call will be made to try to make payment arrangements. Mutually agreeable payment plans may be arranged. If no resolution can be made, the account will be sent to the collection agency and may result in a possible discharge from the practice. If this should occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis].

Patient Refunds:

If you pay for any service that is subsequently paid by a third-party payor and that constitutes a duplicate payment for the said service, the refund shall be made as follows:

- 1) If the patient requests a refund, within 30 days following the request from the patient for a refund if the duplicate payment has been received, or within 30 days of receipt of the duplicate payment if the duplicate payment has not been received.
- 2) If the patient does not request a refund, within 90 days of the date NCRVA knows, or should have known, of the receipt of the duplicate payment, NCRVA will notify you of the duplicate payment and a refund of the duplicate payment will be made within 30 days unless you request that a credit balance be retained

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Billing Questions: If you have any questions about your medical bill, please contact us at 650-268-8075. We are happy to review your statement and make sure that it is accurate. Please be advised that medical bills are not negotiable.

Our practice is committed to providing the best treatment for our patients. Having a payment policy in place helps us run our practice at peak efficiency while delivering expert care to our patients. Please let us know if you have any questions or concerns.

Patient Acknowledgment:

I have read the above Financial Policy. I understand my financial responsibility to make payments for services provided to me and the courtesy extended by NCRVA to simplify insurance reimbursement for the services provided to me. I acknowledge that these policies do not obligate NCRVA to extend credit to me for services provided.

Patient or authorized representative signature:

Date:

Patient or authorized representative name:

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