



**Sumit K. Nanda, M.D.
W. Andrew Hubbard, M.D.
Oklahoma Retina Institute**

Diseases and Surgery of the Retina, Vitreous, and Macula

FINANCIAL POLICY

We are committed to providing you with the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our payment policy.

PAYMENT FOR SERVICES IS DUE AT THE TIME SERVICES ARE RENDERED unless payment arrangements have been approved in advance by our staff. The services may be paid for by cash, check, Visa, MasterCard, and American Express. We will be happy to process your insurance claim for your reimbursement, but will need a copy of your current and valid insurance card. You will be required to pay any co-pay, deductible, and co-insurance stated by your insurance carrier. Any quoted amount due for services rendered that is not covered by insurance (including co-pay, deductible, coinsurance, refraction charge or any other uncovered service) is due at the time of service. **This quoted amount is an estimate only and may be higher or lower than the actual amount.** If the quoted amount represents an underpayment, then the remaining amount is due. If an overpayment is made at time of service, a refund will be issued promptly or will apply to your next visit.

Returned checks are subject to a \$25.00 fee.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that you are responsible for your account whether your insurance company pays or not.

If your insurance has not paid charges within 60 days, the balance is due by you. We must emphasize that as medical care providers, our relationship is with you and not the insurance company.

Signature _____ Date: _____

MINOR PATIENTS:

Non-emergency treatment will be denied for unaccompanied minors. Parents/Guardians are responsible for payment when services are provided unless arrangements have been made previously.

3366 N.W. Expressway, Suite 750, Oklahoma City, OK 73112
(405) 948-2020 Fax (405) 948-2760



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Consent for Use and Disclosure of Health Information

Section A: Patient Giving Consent

Name: _____

Address: _____

Telephone: _____

Section B: By signing this form, you will consent to our use and disclosure of your protected health information to carry out treatment, payment activities, and health operation

Notice of Privacy Practices: You have the right to read our Notice of Privacy Practice before you decide whether to sign this consent. Our notice provides a description of your treatment, payment activities, and healthcare operations, of the use and disclosures we may make of your protected health information. A copy of our notice was given to you as you checked in. We encourage you to read it carefully and completely before signing this consent.

We reserve the right to change our privacy practice as described in our Notice of Privacy Practice. If we change our privacy practice, we will issue a revised Notice of Privacy Practice, which will contain the changes. Those changes may apply to any of your protected health information that we maintain.

You may _____ or May not _____ leave (appointment reminders) (medical information) on my message service or machine.

You may _____ or May not _____ contact me by E-mail. My E-mail address is:

_____ @ _____

Right to Revoke: You have the right to revoke the Consent at any time by giving us a written notice of your revocation. Please understand that revocation of this consent will not affect any action we took before we received your revocation, and we may decline to treat you or to continue treating you, if you revoke this Consent.

I have had full opportunity to read and consider this form. I am giving my consent to your use and disclosure of my protected health information to carry out treatment, payment activities, and health care operations.

Signature: _____ **Date:** _____

Personal Representative Name _____ Relationship _____

You are entitled to a copy of this consent after you sign it.

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