

The Retina Center of Maine
195 Fore River Parkway, Suite 480, Portland, Maine 04102
207-773-3937

Financial Policy

1. All co-payments and deductibles are due in full at the time of service.
2. As a courtesy to our patients, if acceptable insurance identification is provided, all insurance companies will be billed for our patients. Acceptable insurance identification is defined as a valid insurance card, or policy telephone or internet verification.
3. Patients who do not have insurance coverage will be expected to pay at the time of service. If you cannot pay in full, you will need to make a deposit and set up a payment plan. Please call the office before your appointment to discuss payment arrangements.
4. If you have a workman's compensation claim, you must have authorization before services can be rendered.
5. We accept MasterCard, Visa, Discover, and American Express cards. Checks returned for non-sufficient funds will be charged \$25.00 service fee.
6. Delinquent accounts may be assigned to a collection agency. All collection costs will be added to your outstanding balance and will become an additional cost to you.
7. Patients may request our office to complete various forms, including but not limited to disability and Family Medical Leave Act forms. There is a \$10.00 to \$30.00 service fee for completion of these forms, depending on length.
8. If you are unable to keep your appointment, please call our office at least 2 business days prior to your appointment to avoid a missed appointment charge.

Patient Guarantor

Date