

**Arena Eye Surgeons**  
262 Neil Ave, Suite 320  
Columbus, OH 43215

**OUR FINANCIAL POLICY**

Thank you for choosing us as your healthcare provider. Our practice is committed to providing the best treatment for our patients.

Please read our financial policy and sign prior to treatment.

It is the patient's responsibility to:

- Complete the patient and insurance information form.
- Provide a current insurance card.
- Provide a government-issued identification card.
- Know his/her current benefits.
- Pay co-pays, deductibles and coinsurance as determined by his/her insurance coverage.
- Pay for refractions.

Treatment of minors:

- Parents or guardians will be responsible for payment of any fees not covered by insurance.
- Insurance cards must list the minor's name.
- Unaccompanied minors will not be treated without proper paperwork.

If the patient is having surgery at The Eye Center, the patient will be responsible for:

- The facility fee (The Eye Center) on the 5<sup>th</sup> floor.
- The anesthesiologist (The Eye Center) on the 5<sup>th</sup> floor.
- Pre-admission testing.
- Arena Eye Surgeons will bill for the physician fee only.

For any questions regarding your insurance coverage or benefits, please contact:

- Your human resources manager.
- A representative at your insurance company.
- Use the web address/phone number listed on your insurance card.

If you do not have insurance benefits, we accept cash, check, Visa, MasterCard, Discover and CareCredit.

Please let us know if you have concerns or questions. I have read the Financial Policy. I understand and agree to this Financial Policy.

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Signature of Patient or Responsible Party

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Date