

## Financial Policy

<b>Bloomington Eye Institute, LLC</b>	<b>1008 N. Center St., Bloomington, IL, 61701</b>	<b>309-827-2020</b>
<b>Gailey Eye Surgery-Decatur, LLC</b>	<b>646 W. Pershing Rd., Decatur, IL 62526</b>	<b>217-875-2600</b>
<b>Gailey Eye Clinic, Ltd.</b>	<b>1008 N. Main St., Bloomington, IL 61701</b>	<b>309-829-5311</b>

Thank you for choosing Bloomington Eye Institute, LLC/Gailey Eye Surgery-Decatur, LLC/Gailey Eye Clinic, Ltd. as your healthcare provider. Giving you the best care possible is our commitment to you. Please carefully review the following information provided so you have a clear understanding of our financial policy.

We will bill your insurance as a courtesy to you with a copy of your current insurance card(s). **It is vital that you provide us with the correct insurance information.** If your claim is not paid due to incorrect billing information, you will be responsible for the balance.

**Bloomington Eye Institute, LLC/Gailey Eye Surgery-Decatur, LLC/Gailey Eye Clinic, Ltd. requires payment of applicable deductible, copayment, and coinsurance prior to surgery.** If you have no insurance or have a high deductible insurance plan, be prepared to pay for your procedure in full on the date of service. We will estimate your responsibility to the best of our ability, but this may be more or less than the actual insurance payment. You will be either billed for the remainder or refunded for the overpayment in a timely manner. Also, be aware that some or possibly all services provided may be non-covered services and not considered reasonable and necessary under Medicare and/or insurance guidelines, which would make them your responsibility. We will consider payment issues due to extenuating circumstances on a case by case basis.

**The patient is responsible for contacting their insurance company to verify insurance coverage for each of the individual services described here:**

1. The facility fee is for the surgery facility, equipment/supplies, and support staff.  
**Bloomington Eye Institute, LLC** patients may call 1-309-827-2020 Monday through Thursday 8:00 – 5:00 with any questions.  
**Gailey Eye Surgery-Decatur, LLC** patients may call 1-217-875-2600 Monday through Thursday 8:00 – 5:00 with any questions.
2. Professional services being billed for your procedure(s) include the physician fee. Please contact **Gailey Eye Clinic** at 1-800-325-7706 or 1-309-829-5311 for questions concerning the physician's bill.
3. You may also receive a bill for charges for anesthesia/monitoring.  
**Bloomington Eye Institute, LLC & Gailey Eye Surgery-Decatur, LLC** patients may direct questions to **Anesthesia Pain Services, LLC** at 1-800-444-6110 or 1-217-464-5839.

In addition to the preceding, there may also be charges for pathology which would include laboratory and/or pathologist services.

We accept the following forms of payment on the day of surgery: cash, cashier's check, debit cards, money order, Discover, MasterCard or Visa credit cards. If paying by personal check, it must be received 7 days prior to your surgery date. CareCredit is acceptable with prior application approval.

Your insurance policy is a contract between you and your insurance company. Since we are NOT a party to that contract, if your insurance company has not paid their portion within 60 days, the full balance will be transferred to patient responsibility.

Bloomington Eye Institute, LLC/Gailey Eye Surgery-Decatur, LLC/Gailey Eye Clinic, Ltd. will institute the collection process for any accounts not paid within 90 days of your first statement. In the event collection efforts become necessary, you will be required to pay all reasonable collection costs up to 40% of the amount owed, plus reasonable attorney fees and court costs. Any returned mail will be sent to collections immediately if no forwarding address information is available. Any checks returned by your bank will be assessed a \$25.00 returned check fee in addition to the entire balance due by guaranteed payment.