

ST. CLOUD CENTER FOR OPHTHALMIC SURGERY

2055 North 15th Street, Suite B
St. Cloud, MN 56303
(320) 251-1432 Fax (320) 251-7122

PAYMENT POLICY/BILLING PROCEDURES

1. There are a number of separate charges associated with your surgical procedure. You MAY receive statements from several companies.
 - St. Cloud Center for Ophthalmic Surgery* for your operating room/recovery room facilities.
 - St. Cloud Center for Ophthalmic Surgery CRNA* for the services of a certified registered nurse anesthetist.
 - Your surgeon's office* – his/her fee for performing your surgery.
 - Pathologist* – services for tissue specimens removed during surgery requiring further examination.
2. We request that a prepayment on your deductible/co-insurance/co-pay be paid on or before your date of surgery.
3. Full payment is due with 90 days from your date of service. Accounts past due will be assigned to an outside collection agency or attorney for collections.
4. As a courtesy to our patients, we send a claim for services to your insurance company. Please contact your insurance company directly if you experience any delays in payment. YOU are responsible for guaranteeing payment on your account and being aware of your individual policy restrictions and benefits.
5. The center accepts Mastercard and Visa for your convenience.
6. Returned checks will be charged back to the patient's account. A returned check fee of \$20.00 will also be charged to the patient's account.
7. For SELF PAY accounts, a minimum payment of 1/3 of the estimated amount is due when services are rendered. For COSMETIC or ELECTIVE procedures, payment in full must be received 10 days prior to surgery.

If you have any questions about your account, please call the Business Office at 320-251-1432.

See back page for specific insurance information.

THE ST. CLOUD CENTER FOR OPHTHALMIC SURGERY WILL BILL AS FOLLOWS:

BLUE CROSS BLUE SHIELD OF MINNESOTA (BC/BS)

We will submit your bill directly to Blue Cross & Blue Shield of MN. A bill will be sent to your secondary insurance upon receipt of payment or denial from BC/BS. If you have no secondary insurance, a bill will be sent to you for any balance after receipt of payment or denial from BC/BS. We must make a copy of each card at the time of registration.

AUTO INSURANCE / WORKER'S COMPENSATION

We will submit your bill directly to your auto insurance / employer / work comp insurance if your procedure is the result of an accident. We must make a copy of your insurance card, be provided with your claim number, date of accident, and insurance claim address at the time of registration.

HEALTH PARTNERS

We will submit your bill directly to Health Partners deductible / copay amount is due on or before your date of service. A bill will be sent to your secondary insurance upon receipt of payment or denial from Health Partners. If you have no secondary insurance, a bill will be sent to you for any balance after receipt of payment or denial from health Partners. We must make a copy of each insurance card at the time of registration.

MEDICA

Your Medica deductible / copay amount is due on or before your date of service. We will submit your bill directly to Medica. A bill will be sent to your secondary insurance upon receipt of payment or denial from Medica. If you have no secondary insurance, a bill will be sent to you for any balance after receipt of payment or denial from Medica. We must make a copy of each insurance card at the time of registration.

MEDICAL ASSISTANCE AND MINNESOTACARE

We will submit your bill directly to Medical Assistance. We must make a copy of your current MA or Minnesota-Care card at the time of registration.

PREFERRED ONE

Your Preferred One deductible / copay amount is due on or before your date of service. We will submit your bill directly to Preferred One. A bill will be sent to your secondary insurance upon receipt of payment or denial from Preferred One. If you have no secondary insurance, a bill will be sent to you for any balance after receipt of payment or denial from Preferred One. We must make a copy of each insurance card at the time of registration.

PRIVATE INSURANCE

Your deductible / copay amount is due on or before your date of service. We will submit your bill directly to your private insurance company. A bill will be sent to your secondary insurance upon receipt of payment or denial from your primary insurance. If you have no secondary insurance, a bill will be sent to you for any balance after receipt of payment or denial from your insurance company. We must make a copy of each insurance card at the time of registration.

SELECT CARE

Your Select Care deductible / copay amount is due on or before your date of service. We will submit your bill directly to Select Care. A bill will be sent to your secondary insurance upon receipt of payment or denial from Select Care. If you have no secondary insurance, a bill will be sent to you for any balance after receipt of payment or denial from Select Care. We must make a copy of each insurance card at the time of registration.

SELF PAY

You will be contacted prior to your surgery with an estimated procedure cost for your surgery. A down payment equal to 1/3 of the total estimated amount due is expected. You will be asked to complete a financial agreement. The remaining balance will be due within 90 days from your date of service.

SELF PAY – COSMETIC SURGERY – ELECTIVE SURGERY

Payment in full must be received 10 days prior to surgery.