

# Financial Assistance Policy

If the Center for Eye Surgery believes that you have health insurance and/or HMO coverage(s) that may cover some or all of the Services, the Center for Eye Surgery may initiate contact with them to determine your cost-sharing responsibilities for Center for Eye Surgery's bill. You may contact them directly as well for additional information concerning your cost-sharing responsibilities. If Center for Eye Surgery determines that you have cost-sharing responsibilities for Center for Eye Surgery's bill, in accordance with Center for Eye Surgery's financial assistance policies, you will be required to pay your cost-sharing responsibilities in full on or before the date that Services are provided. Center for Eye Surgery's financial assistance policies are that if you are unable to pay your cost-sharing responsibilities in full on or before the date that Services are provided, because you believe you are medically indigent or you are not covered by any health insurance or HMO, then upon request Center for Eye Surgery, in its sole discretion, may offer you a discount on the amount due and/or offer a payment plan. Any such discount is considered by Center for Eye Surgery to be "charity care." There is no formal application process for obtaining "charity care" at Center for Eye Surgery. Center for Eye Surgery's standard collection policy is to produce and send one or more bills to patients for their cost sharing amount.

## **Good Faith Estimate**

Upon your request, and before the provision of non-emergency care at Center for Eye Surgery, you can receive a good faith estimate of anticipated charges for the treatment of your condition at Center for Eye Surgery. This estimate must be provided to you within seven (7) days of the request being received by Center for Eye Surgery. You should contact your insurer or health maintenance organization regarding your cost-sharing responsibilities. You may request and obtain a Good Faith Estimate by calling Center for Eye Surgery at 305-661-8588.

## **Itemized Bill**

Upon request and after discharge from Center for Eye Surgery, we will provide a statement within 7 working days of your request.

## **Provider Disclosure**

Services may be provided in this health care facility by Center for Eye Surgery as well as by other health care providers who may separately bill the patient and who may or may not participate with the same health insurers or health maintenance organizations as Center for Eye Surgery. You may request a more personalized estimate of charges from these other health care providers by contacting the health care providers directly. Center for Eye Surgery may contract with providers for pathology and anesthesiology services; these services are billed separately from Center for Eye Surgery for their services. You may contact these providers through their contact information provided below.

## **Center for Eye Surgery Providers**

Mark & Kambour  
16250 NW 59th Avenue, Suite 201  
Miami Lakes, Florida 33014  
(305) 669-3471

LabCorp  
5610 W. LaSalle Street  
Tampa, FL 33607  
(305) 436-9232

Optimal Anesthesia, LLC  
21691 Frontenac Court  
Boca Raton, FL 33433  
(954) 838-2371

### **Patient Health Record**

Upon request and after discharge from Center for Eye Surgery, Center for Eye Surgery will make available the patient record that may be necessary for verification of the accuracy of your patient statement within 10 working days of your request.

### **Link to Healthcare Related Data**

Pursuant to AHCA Statute: s.405.05,F.S. please find here a link to data, quality measures, and statistics that are disseminated by AHCA.

[www.Floridahealthfinder.gov](http://www.Floridahealthfinder.gov)