



Charles D. Birnbach, MD
Nicolaas DeRuyter, MD
Tammy Hsu, MD
Steve H. Kim, MD
Frank Ma, MD
Loka Thangamathesvaran, MD

Yicheng Chen, MD
Eric Hansen, MD
Tony H. Huynh, MD
Todd R. Klesert, MD
Cindy W. Mi, MD
Amy Yuan, MD

1750 112th Ave NE, Ste. D050, Bellevue, WA 98004 Phone: 206-215-3850 Fax: 206-215-3870

SURGERY PRE-COLLECTION POLICY

Pacific Northwest Retina, PLLC (PNR) and The Retina Surgery Center, LLC (TRSC) have a surgery pre-collection policy for charges associated with your procedure. Please review and contact our office with any questions prior to your scheduled procedure. Billing Office direct line is 425-296-3833.

Services Covered by This Policy

- Facility fees. These are the charges for surgeries performed at the Retina Surgery Center and cover the cost of the facility, staff, and equipment; and
- Professional fees. This is the fee paid to your surgeon. It will be billed even if the surgery is done at a hospital. (in this situation the hospital will charge its own facility fee). Clinic laser procedures fall under this category.

Services NOT Covered by This Policy

The anesthesia services for surgeries performed at The Retina Surgery Center. You will receive a separate bill from Matrix Anesthesia, PS and will have to comply with their financial policy for these services. If you have questions regarding your anesthesia bill, please contact Matrix Anesthesia at 425-400-7908; email billing@matrixanesthesia.com

Policy

When you are scheduled for surgery or a laser procedure, a benefit determination estimate is prepared by a billing representative to identify your total out-of-pocket expenses (OPE). The OPE may include the deductible, copayment, and/or co-insurance amounts determined by your medical insurance payer. If you do not have insurance, the OPE will reflect the self-pay balance, not including the anesthesia services. You will receive a copy of the estimate by mail no later than one week prior to surgery. If your surgery is scheduled within two weeks a billing representative will attempt to contact you by phone to review the estimate with you, answer any questions, and collect the payment. Please note, when the surgery is scheduled within 3 business days from the date of the procedure, the out-of-pocket estimate may be reviewed with the patient during surgery check-in. You are responsible for payment of the entire estimated out-of-pocket balance up to three days prior to surgery.

Methods of payment are debit/credit card, check, or money order/cashier checks made payable to:

Pacific Northwest Retina. We accept CareCredit.

Any check mailed must be received by our office no later than three days prior to surgery.

Mailing address: 1750 112th Ave NE, Ste. D050, Bellevue, WA 98004

Alternative Payment Options

- Up-to 3-month payment plan may be granted when a minimum of a 50% down payment requirement is met. A 5% financing fee will be applied to the financed portion. *All payment plan arrangements **require a credit card on-file and must be set up prior to surgery.***
- Upon agreement to a payment plan a copy of the payment plan and payment plan checklist must be signed and returned to the billing office in order for the payment plan to be valid.
- **Retina Surgery Center surgeries:** an alternative is to perform your surgery in a local hospital. Some hospitals have facility fee cost-assistance programs for those with a demonstrable financial need. Your surgery can be rescheduled at the local hospital. Please be advised that the hospital facility fees are much higher than the facility fees for the surgeries performed at an ambulatory surgery center. Your Pacific Northwest Retina physician's professional fees will remain separately billed and subject to this surgery pre-collection policy.

When payment arrangements are not made in advance of your surgery, it may lead to cancellation of your surgery date.