

Long Island Eye Surgical P.C.

Policy for Self-Pay Patients

Thank you for entrusting us with your vision care. We provide a wide range of professional services for ALL of your eye care needs.

LIESC participates with most insurances, however we will accept payment in full for services rendered to patients that do not have insurance coverage. We accept cash, checks, credit cards.

We are confident that you understand these fees must be collected at the time of service.

Please be advised in addition to the new patient exam fee or the follow up patient exam fee your eye care specialist may require additional diagnostic tests, photography and surgery. If surgery is indicated in addition to the surgical fee you may incur a facility and/or anesthesia fee.

Diagnostic testing	25.00 - 160.00 Both eyes
Photography	80.00 – 280.00 Both eyes
Fluorescein angiography	200.00 – 280.00 Both eyes
Minor Surgery	175.00 – 379.00 Per eye
Laser Surgery	450.00 – 1100.00 Per eye

Please be advised charges for hospital, ambulatory surgery center and anesthesia services at a hospital or ASC are billed separately by that entity.

The fees for these tests, photos or surgery are also due and payable at the time the service is provided.

If you are unable to pay for these additional tests, photos or surgery at the time of your visit we would be happy to reschedule you to a future date that is convenient for you.

If due to financial hardship you are unable to pay for these services we will provide you with a financial hardship packet for completion or we can refer you to an agency that can assist with your challenge.

Please acknowledge receipt of this form below.

We thank you for your consideration.

Signature _____ Date _____

Witness _____