

UNINSURED SELF PAY POLICY

For all uninsured self-pay patients, we will provide you with an **ESTIMATED** charge for the Facility fee.

A 50 percent discount will be taken off the estimated charges for all uninsured self-pay patients. This amount must be paid prior to or on the day of surgery by credit card (no American Express), money order, or cashier's check.

Many factors influence the actual amount you will be billed. This includes if your surgeon/physician finds it necessary to perform more, fewer or different procedures at the time of service. There may be pathology services, or additional surgeon requested Implants or Specialty Lenses that will result in additional charges.

We will need CPT/procedure code(s) from the surgeon/physician office for us to provide you with the best good faith estimate. Once you have the code(s), please call us at 952-832-9360.

NOTE: An estimate is based on the procedure code(s) provided by your surgeon/physician and is a good faith estimate only. The final cost of your procedure(s) can only be determined by the actual procedure(s) your surgeon/physician performs based upon the final dictation of the procedure.