



Joseph Selem, M.D.

## FINANCIAL DISCLOSURE

The Selem Center is dedicated to ensuring that you experience the highest quality medical care available regardless of payment methods you elect. If you have medical insurance we do our best to help you receive the maximum allowable benefits under your insurance plan. In order to achieve this, we must obtain your assistance in understanding our financial policy.

### INSURANCE

Your insurance policy is a contract between you and the insurance company. The Selem Center's relationship is with you and not the insurance company. On the same note, we extend a courtesy to our patients and file your claims for you; however, all charges are your responsibility from the date services are provided. As with the case of all contracts, you, the insured, are expected to know your policy and its regulations as agreed upon by you and your insurance company at the time of enrollment. This will include referrals, second opinions or prior authorization. Our experienced staff will gladly assist you with obtaining any precertification or prior authorization as needed. However, in the event of failure to provide accurate and up-to-date insurance information resulting in a denial and non-payment for services rendered, payment will be the responsibility of the patient or the insured. Out of pocket expenses such as deductibles, coinsurance and/or co payments are your responsibility to be paid at the time of service as stated in your contract with the insurance company. In the event that your insurance company does not cover certain tests that our physicians would deem medically necessary in your care, you would be financially responsible for the cost of these tests.

For a current list of insurance companies that The Selem Center participates with please ask the office staff. Please submit insurance cards and photo ID for copying.

### SELF PAY

Payments for non-covered services are to be paid at the time of service unless prior arrangements have been made with our billing department. This would include elective surgical procedures, which most insurance companies exclude, as well as any other non-medical cosmetic procedure or product. The Selem Center gladly accepts cash, checks, Visa and MasterCard. There is a \$25.00 returned check service charge.

I have read and fully understand and acknowledge the financial policy of The Selem Center. I acknowledge and agree to pay for any services and tests that are not covered by my insurance plan.

### LEGALITY

Any legal dispute that arises with The Selem Center, the patient will be responsible for legal fees incurred by The Selem Center.

### ADMINISTRATIVE PROCESSING FEE

All refunds are subject to an administrative processing fee of 15%

### CONSENT FOR TREATMENT

The undersigned authorizes The Selem Center to provide treatment or procedures, which the provider considers necessary and proper in the treatment.

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PATIENT'S SIGNATURE / GUARANTOR'S SIGNATURE

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DATE

CORAL GABLES LOCATION  
814 Ponce de Leon Blvd.  
Suite 510  
Coral Gables, Florida 33134

MIAMI LOCATION  
3850 SW 87th Avenue  
Suite 304  
Miami, FL 33165

Tel: 305.444.0221 • Fax: 305.444.0223

[www.theselemcenter.com](http://www.theselemcenter.com)  
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