The Plastic Surgery Clinic, PA
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Financial Policies

The purpose of this form is to explain The Plastic Surgery Clinic's financial policies. This is to help avoid any misunderstandings that might arise.

Cosmetic Patients

1. **Consultation fees** are to be paid at the time of your visit. Our fees for cosmetic consultations are $100.
2. **Surgical fees** are to be paid in full no less than two weeks prior to surgery to avoid possible cancellations of surgery.
3. The surgical fee includes all post-op visits related to that particular surgery. It does not include office visits for unrelated procedures.
4. **Surgery Postponement**: We understand that a situation may arise that could force you to postpone your surgery. We request your courtesy in notifying us as soon as possible as changes affect not only the surgeon, and other patients, but the hospital and anesthetists also. **If you need to re-schedule your surgery, all fees paid will be applied to the new surgery date. If, however, you cancel surgery less than 7 business days before and do not reschedule within 3 months, we will refund your payment minus a 10% administrative fee.*

Insurance Patients

Please note, your insurance is a contract between you, your employer, and the insurance company. Our relationship is with you, not your insurance company.
You are responsible for your bill and filing claims with your insurance company. This office may assist you with this process as a courtesy to you.

*** NOTE: THE PLASTIC SURGERY CLINIC IS NOT A PROVIDER OF ANY INSURANCE COMPANY.

1. Patients covered under managed care plans **(HMO/PPO/EPO's)** are responsible for complying with their insurance rules regarding referrals from primary care physicians to see specialists.
2. **Failure to comply** with your insurance requirements will make it necessary for us to bill you directly for charges incurred during a non-referred, non-covered visit.
3. **Co-payments** are required to be paid at the time of service.
4. **You are responsible** for your deductibles, co-insurance, and services or procedures not covered by your insurance company.
5. **You are responsible** for the portion of the bill that is not covered by insurance.

It is in your best interest to read your plan's rules, regulations and benefit information. If you have any questions regarding this information, please contact your customer service representative at the Insurance Company.

Self Insured Patients

1. **Unplanned Services:** Payment will be expected within 15 days of date of service or a payment plan will need to be in place. You may set up a payment plan by contact our office and speaking to the Office Manager.
2. **Planned Services:** Fees are to be paid in full at time of service for in office procedures. Surgical fees are to be paid in full no less than two weeks prior to surgery to avoid possible cancellations of surgery.

Payment is due at the time of service unless other arrangements have been approved in advance. You are responsible for timely payment of your account. If for any reason you experience financial difficulties, which may affect timely payment of your account, we encourage you to contact our office. If you have questions about our policies, please do not hesitate to ask.

I understand that if my account is sent to a Collection Attorney, all fees associated with collection will become my responsibility if the Account is not satisfied within a timely manner.

Signature Date: