



FINANCIAL ARRANGEMENTS AND INSURANCE

We are dedicated to providing you with the best possible care. If you have medical insurance, we are committed to helping you receive your maximum allowable benefits. In order to receive these goals, we need your assistance and your understanding of our payment policy.

For cosmetic surgery, we will provide you with all the costs involved including the surgical fee, the operating room fee, and the anesthesia fee, as well as any other fees that are applicable. Payment for surgery is due two weeks prior to surgery date and includes a 90 day post-operative period following the date of surgery.

We will gladly discuss your proposed treatment and answer any questions relating to your insurance. However, your insurance policy is a contract between you, your employer and the insurance company. We are not a party to that contract. Please be aware that some, and perhaps all, of the services provided may be “non-covered” services and not considered reasonable and necessary under the Medicare Program and/or other medical insurance.

A claim will be sent to your insurance company the week following your surgery. On a more complicated surgery, reports and medical records will usually be requested by your insurance company. In sending these reports promptly, we hope to maximize your payment. Our staff is efficient and knowledgeable about insurance matters and would be happy to answer your questions at any time.

Our practice is committed to providing the best possible treatment for our patients, and we charge what is reasonable and customary for our area. This does not apply to companies who reimburse based on arbitrary fee schedule, which bears no relationship in full regardless of any insurance company’s arbitrary determination of usual and customary rates.

We believe it is important that our patients fully understand our financial policy before any surgery so that we may better serve you and avoid any problems post-operatively. Please feel free to call the office if you have any questions regarding any of our policies.

I have read the above Financial Agreement and understand/agree to this Financial Policy.

Signature of Patient/Responsible Party

Date