

# Plastic Surgery Associates

## Patient Financial Policy

Thank you for choosing Plastic Surgery Associates as your healthcare provider. We are committed to building a successful physician-patient relationship with you and your family. It is important that you have a clear understanding of our Patient Financial Policy. Please understand that payment for services is part of that relationship. **It is your responsibility to notify our office of any patient information changes (i.e. address, phone number, insurance, etc).**

### Methods of Payment

We will gladly accept cash, checks, money order, or credit card (Visa, MasterCard, Discover, and American Express) as methods of payment.

### Cosmetic Services

- Payment for cosmetic plastic surgery is due in full at the time of your preoperative visit.
- We will be happy to assist you with applying for financing with Care Credit should you so desire. Please ask a member of the staff for information.
- Please note \* Personal checks written for Cosmetic Services will not be accepted within seven (7) days of the surgery date.
- We understand a situation may arise that could require you to postpone your surgery. Please understand such changes affect Dr. Bishop as well as that of the operating room staff. Your courtesy and concern will be appreciated.
- If you need to cancel your surgery after your preoperative visit you will be refunded the prepayment for surgery minus a \$250 cancellation fee. This fee will be applied to your rescheduled surgery or used for processing fees if you have not rescheduled within 30 days.

### Medically Necessary Cosmetic Services

The benefits paid by insurance companies for plastic surgery vary greatly by carrier and plan. Therefore, we make every effort to determine in advance if insurance coverage exists. Our knowledge and experience can be an important factor in assisting you to collect your maximum benefits.

### Co-pays

**Please be prepared to pay your co-pay amount at each visit and have a copy of your current insurance card.** We understand you may feel this is unnecessary, however insurance plans are becoming more complicated and changes to policies are occurring more frequently. In order to file your claims correctly, we must have the most current card on file. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Most plans require we file a claim within 90 days from the date of service. If we have not received your information within that time, you will remain responsible for all charges incurred up to the date you provide us with your insurance information and we receive payment from the insurance plan. If your insurance company is not contracted with us, you agree to pay any portion of the charges not covered by insurance, including but not limited to those charges above the usual and customary allowance. If we are out of network with your insurance company and your insurance pays you directly, you are responsible for full payment and agree to forward the payment to us immediately.

## Medicare

Please notify the front office immediately if you have recently changed Medicare plans. Medicare deductibles and co-insurance are expected at the time of service. As a participating provider with Medicare, we will file your claim to Medicare and if applicable, to your secondary insurance carrier.

## Medicaid

We are accepting a limited number of new Medicaid patients at this time. We do however accept Medicaid as a primary payer for established patients. It is your responsibility to bring your current Medicaid Identification Card to each visit. Failure to bring your card may result in your appointment being rescheduled as we need to verify coverage at each visit. If there is co-pay with your plan, you will be expected to pay it at the time of the service. **We do not accept Medicaid as a secondary payer except in the case where Medicaid is secondary to Medicare.**

## Missed Appointments

**Plastic Surgery Associates requires a 24-hour notice of appointment cancellation.** Much time and effort is associated with each patient visit. Dr. Bishop and our staff strive to provide efficient and attentive care to each patient. We understand emergencies and/or extenuating circumstances arise that require your schedule to change. If you are unable to keep your scheduled appointment, please notify our office 24 hours prior to the appointment. This will allow our staff the opportunity to offer the time to another patient. Failure to do so may result in your being charged a \$25.00 fee for New Patient appointments or a \$15.00 fee for existing patients.

**It is our policy not to extend professional courtesy discounts.**

## Returned Checks

The charge for a returned check is \$30.00 payable by cash, credit card, or money order. This fee will be added to the account. Following a returned check, all future payments must be made by cash, credit card, or money order as we will no longer be able to accept a check as method of payment.

**It is our policy not to extend professional courtesy discounts.**

## Outstanding Balance Policy

**It is our policy to collect outstanding account balances at each visit.** If payment in full cannot be made, you will need to speak to a Billing Representative. We will send 3 statements on outstanding accounts of 10.00 or more. If payment is not made on the account, it will be sent to the collection agency for processing. (Extenuating circumstances will be considered.) Once the account is turned over to the collection agency, a 20% collection fee will be added to the account and the person (18 years and older) financially responsible for the account will be responsible for all collections costs. At this point you may be discharged from our practice.

## Medical Leave/Disability Forms

Forms will be completed within 7-10 business days upon receipt of the form. Please be sure to allow enough time for completion of these forms. There will be a **25.00 form completion fee** for each form which will need to be paid at the time of the request.

## Medical Record Copying Fees

\$.65 per page for the first 30 pages

\$.50 per page for all other pages

Clerical Fee not to exceed \$15.00

Plus actual postage

**Please be sure to read this document completely. This financial policy helps our office provide quality care to all of our patients. If you should have any questions, please ask to speak to a Billing Representative or Office Manager.**