



## Financial Policy

### Consultation/Office Visits

(please initial after reading)

\_\_\_\_\_ If your office visit or consultation is covered by insurance, we will gladly prepare and file your claim with any participating insurance carrier. As our contracts with these carriers require, we will be collecting your specialist co-pay for this visit.

### Surgery/Office Procedures

\_\_\_\_\_ All surgeries and procedures will be authorized through your insurance company. We will contact your insurance carrier, check your specific benefits and we will inform you of any out of pocket expenses. Any deductible and/or co-insurance will be due prior to any surgery or office procedure being performed.

\_\_\_\_\_ A cosmetic surgery deposit of \$200 will be required at surgery scheduling. This deposit will be refunded to you unless you decide to cancel your surgery less than 72 hours before and not reschedule within 30 days.

\_\_\_\_\_ Full payment for cosmetic surgeries and procedures will be due 2 weeks prior to surgery date.

\_\_\_\_\_ We will keep you informed of any outstanding balances not covered via monthly statements. Any balance not paid by 60 days will be forwarded to our collections agency. In case of default of payment, you will be responsible for any collections cost or reasonable attorney fees incurred to satisfy this account.

\_\_\_\_\_ I understand that I will be charged \$30.00 for any non-sufficient funds checks.

### Referrals

\_\_\_\_\_ If your insurance plan requires a referral, it is your responsibility to have a valid referral on file at the time of service. Any visits not covered due to an expired referral or lack of a referral will be your responsibility.

### Medical Records

\_\_\_\_\_ I authorize the release of all medical information necessary to process any claims pertinent to my medical care. I request that my insurance company(s) honor my assignment of insurance benefits applicable to the services and pay all insurance benefits directly to my physician, on my behalf.

\_\_\_\_\_ I have read the above policies and agree to them.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date