

## FINANCIAL POLICY & BILLING PROCEDURE

### Assignment of benefits:

- Our clinic is contracted with several insurers to accept assignment of benefits. We will bill contracted insurance plans as a courtesy to our patients. PLEASE MAKE SURE THE CLINIC HAS THE REQUIRED INSURANCE INFORMATION and notify us of any changes.

### Payment responsibilities:

- The patient or his/her legal representative is ultimately responsible for all charges for services rendered.
- It is the patient's responsibility to meet requirements of their insurance plan to ensure benefits are available for services rendered. The patient is financially responsible for any balance not covered by their insurance.
- If your insurance company rejects your claim or takes longer than 60 days, we ask that you make payment in full.
- Some insurance companies require the patient to complete an accident/incident form prior to processing the claim. Should the patient not complete the form, the full amount will become the patient's responsibility.
- The clinic requires payment in full two weeks prior to surgery for all cosmetic procedures. We accept VISA and MASTERCARD.

### Co-pay & deductibles:

- The co-payment and deductible amount is determined by your individual insurance policy. We are obligated by your insurance plan to collect the co-pay at the time of your visit. Full payment of the deductible is due at time of service.

### Out of network/uninsured Patients:

- Payment for all services rendered are due at time of service.

### Referral:

- Some insurance plans require a referral from the primary doctor before the patient can be seen by our doctors. Patients who do not have a referral may reschedule their appointment or choose to pay for the office visit.

### Third party claims:

- Payment for services related to third party claims and those involving attorneys negotiating settlements are due at time of service.

### Labor & Industries:

- The patient must provide claim information for work related injury cases. Patient is responsible for the balance of their account if the claim is denied or is closed.

### Outstanding balances:

- Prior to providing additional services to you, payment in full of total outstanding balances will be required.
- Outstanding balances that are greater than 90 days will be referred to an outside collection agency.
- Interest charge of one percent of the balance, but not less than \$3.00, will be accrued monthly.

### Patient consent for use of credit cards, debit card, and financing disclosure of protected health information

- It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.
- Services that are performed that are paid with a credit card, debit card, or financing third-party are not eligible for payment challenges after services are provided. I am irrevocably consenting to allow Plastic & Reconstructive Surgeons, Inc., P.S. to use and disclose my protected health information to any Credit Card Entity, Bank or Financing Company when they request such information to process an account and assist with payment.

I have read, understood and agree with this practice's financial policy.

Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_