

Politis Plastic Surgery Our Office Policy

Thank you for choosing Politis Plastic Surgery for your medical care. We appreciate that you have entrusted us with your health care and we are committed to providing you with the best patient care possible.

Insurance Coverage

Please provide us with your current insurance card and notify us of any changes. We will request a copy of your insurance card to copy and keep on file for our records.

Because healthcare benefits and coverage options become increasingly complex, we have developed this policy to help you better understand your responsibilities as a patient. We will do our best to assist you with understanding your proposed treatment and in answering questions related to your insurance claim for reimbursement. Your health insurance policy is a contract between you and your health insurance company. Please note it is your responsibility to know if your insurance has specific rules or regulations, such as the need for referrals and/or pre-authorizations. You should be knowledgeable of any deductibles, copayments and/or to learn the details about your benefits, out of pocket expenses, and coverage limits.

Please be aware of and provide any required referrals or authorizations in advance of the appointment. If you do not provide these before care is provided, you will be responsible for the cost of the care. When in doubt, contact your plan directly for clarification.

Address Change

It is important that we have your correct address information on file. Please advise us anytime there is a change in your address, telephone number or email.

Other Bills

You may receive services at a hospital such as anesthesia, radiology, pathology or other services. These doctors provide vital services and are involved in your care. There may be additional charges for these services and you may receive a bill from those providers. In addition, you may receive inpatient or outpatient hospital care at a hospital or surgery center. If so, you will receive a separate bill for those services.

Payments/Co-payments/Co-insurance/Deductibles

You are expected to pay your co-payment and any co-insurance and/or deductible amounts, if known, at the time of service. We will also collect all previous outstanding patient balances at the time of your visit.

All co-payments, past due balances and cosmetic procedure fees are due at the time of service. We accept personal checks, cashier checks, money orders, credit cards and Care Credit. If you are unable to pay the full amount at the time of service, please speak with us to arrange acceptable payment arrangements.

We will bill your insurance. Once they have paid, you will receive a bill for any remaining amount owed. The balance is due in full within 30 days of receipt of your statement. If you are unable to pay the full amount within 30 days, please call the number located on your statement to make payment arrangements.

Self-Pay _Medically Necessary

Self-pay accounts are patients without insurance coverage and patients covered by insurance plans in which the office does not participate. It is your responsibility to know if our office participates with your plan. Self-pay patients are required to pay at the time of service. If you are unable to pay the amount due, please speak with us to arrange acceptable payment arrangements.

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Pathology Policy

All surgical specimens will be sent to pathology. The lab will generate a separate billing for pathology. Any questions regarding these services or related charges need to be directed to the appropriate lab.

Non-Medical Fees

Additional fees may be applied to the following:

Returned Checks- There will be a \$25 fee assessed on returned checks.

Cosmetic Payment Policy

A \$100 cosmetic consultation fee will be assessed prior to all cosmetic consults. If you chose to book a surgical procedure with our office, the \$100 will be applied to your procedure cost.

When you decide that you would like to move forward with a surgical procedure, a \$500 nonrefundable booking fee is required to secure your surgical date and OR space. The remaining payment for cosmetic procedures must be made no later than two weeks prior to your surgical appointment.

Should you need to reschedule your cosmetic surgery, there will be a \$250 rescheduling fee.

Cancellation fees are as follows:

Once full payment has been received for my procedure, Politis Plastic Surgery has the right to retain a portion of my fees as outlined here should I cancel. Cancellation within 8-14 days of my procedure will result in a 25% retention of funds. Cancellation within 1-7 days of my procedure will result in 50% retention of funds. Cancellation within 24hours of my scheduled surgery will result in retention of 75% of funds. I understand that these percentages are based on the total amount paid, less the \$500, non-refundable surgery booking fee and the \$100 consultation fee.

Assignment of Benefits and Responsibility to Pay

I hereby assign all medical and surgical benefits to which I am entitled. I hereby authorized and direct my insurance to issue payment directly to Politis Plastic Surgery for medical services to myself and/or my dependents. I have also read and understand the financial policy and I agree to be bound by its terms. I also understand and agree that such items may be amended by the practice from time to time.

Printed Name

Signature of Patient (or responsible party)

Date