

# Financial Policy

## CENTER FOR PLASTIC AND AESTHETIC SURGERY, P.C.

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We believe our financial policies represent sound business practices which allow us to provide high quality, cost effective care to our patients. Financial problems should never be a barrier to your treatment, as quality care to you is our primary concern. Please understand that payment of your account is an important aspect of the service you receive here. We accept cash, check, Visa, MasterCard, American Express & Discover. Cosmetic surgery can be financed through an authorized agency. Credit is not extended by our office, nor do we allow for payment plans.

The following is a statement of our **FINANCIAL POLICY**, which we require you sign as consent and understanding of the financial policy prior to treatment.

### **COSMETIC SURGERY**

Our practice believes in giving our cosmetic patients a quote that most accurately reflects the cost of the surgery. The time for your cosmetic surgery may take longer than is reflected on the quote. Charges for additional time are billed directly by the surgery center or anesthesia service and are the responsibility of the patient.

Payment is due in full for cosmetic surgery or in-office procedures the day of the patient's pre-operative appointment with the surgeon.

Deposits are required to secure an available time for your specific surgery in our physicians schedule. Cancellations of a surgery by the patient will result in the deposit **not being refunded**. Upon your decision to re-schedule a surgery time, another non-refundable deposit will be required.

Complications after cosmetic surgery are generally not payable under your insurance plan. We encourage you to check with your carrier to determine if complications from cosmetic surgery will be covered. Our surgeon will perform at no cost one surgery for revision due to complications during the first six months (only if your insurance does not cover cosmetic complications). The facility, anesthesia and supplies incurred during surgery for revision due to complications are the responsibility of the patient. If you choose additional surgery to achieve a larger or smaller breast size after breast augmentation or because of asymmetry, the surgeon's fee, including facility, new implants and anesthesia is your responsibility.

You will be asked at your first visit to provide us with a copy of your insurance card and signatures that allow us to release information to your insurance company.

### **REGARDING INSURANCE PLANS IN WHICH WE ARE NOT A PARTICIPATING PROVIDER**

It is your responsibility to be assured we are a contracted participating provider. Payment is due prior to services being performed if the provider is not contracted with your insurance company. Your insurance policy is a contract between you and your insurance company. We are not a party to that contract. You should direct any questions or concerns regarding your insurance coverage to your insurance carrier.

### **USUAL AND CUSTOMARY RATES**

Our practice is committed to providing the best treatment for our patients. Our charges are based in the median range on what is usual and customary for our specialty and geographic area. You are responsible for payment regardless of your insurance company's arbitrary determination of usual and customary rates.

### **REGARDING INSURANCE PLANS IN WHICH WE ARE A PARTICIPATING PROVIDER**

The claim for services for insurance services will be filed by our office. You will be expected to obtain a referral from your primary care physician prior to seeing the surgeon. If so requested, we will assist you in obtaining this referral. Co-pays, deductibles and non-covered services are due prior to services being rendered. For your convenience, we accept cash, check, Visa and MasterCard. Credit is not extended nor do we allow for payment plans.

### **WORKER'S COMPENSATION – MOTOR VEHICLE - PERSONAL LIABILITY**

Verification of your injury from your employer or party liable for injury is necessary prior to seeing our physicians. If we have been unable to obtain your workers compensation, mva or personal liability billing information before you leave the office, charges incurred for the first visit are payable by you prior to leaving.

### **DISMISSAL FROM PRACTICE**

Patients that do not comply with this financial policy are forwarded to our collection agency. A \$20.00 fee will be assessed for all returned checks. You no longer have the privilege to schedule appointments with our practice and forfeit any future appointments already scheduled.

**I HAVE READ AND UNDERSTAND THAT MY COMPLIANCE IS NECESSARY UNDER THE FINANCIAL POLICY OF THE CENTER FOR PLASTIC AND AESTHETIC SURGERY, P.C.**

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SIGNATURE

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DATE