

FINANCIAL POLICY

Thank you for choosing deRamon Plastic Surgery Institute for your care. We are providing you with the following information to help you to understand our insurance and billing policies.

Your insurance policy is a contract between you and your insurance company. We will submit claims for care you have received to your insurance carrier if you have given us all of the required information needed to do so. **Please be aware that some and perhaps all of the services provided may be “non-covered” services according to your insurance policy. However, you are still responsible for payment of these services.**

Referrals are sometimes needed for certain insurance carriers. **It is the patient’s responsibility to obtain this from their Primary Care Physician before their visit.** If a referral is not obtained, the patient will be responsible for payment of services.

If you are covered by an insurance plan that we do not participate with, we will request payment at the time of service for all office visits.

We accept assigned payments for most major insurance companies. Many of our patients have high deductible health plans. **Payments of deductibles are due in full within 30 days of your treatment. You will be responsible for co-pays, coinsurance, or non-covered services at the time of your appointment.**

Patient Accounts

Patient Initials _____

- A billing statement covering medical services rendered will be mailed to you on a monthly basis, and **payment of your account is due within 30 days.** If you are unable to pay, you must contact our office within those 30 days to establish a payment plan or other option.
- After 90 days from the first billing statement date, we place unpaid patient accounts in collections. Patients are then responsible for any collection costs that are incurred which will include an additional fee of \$25.00. Refusal to pay will adversely affect your credit and your tax liabilities.
- Should patient accounts be open longer than 180 days, de Ramon Plastic Surgery Institute will be forced to move open accounts forward to small claims court.

We accept cash, checks, Visa, and MasterCard as payment. In the event a personal check is returned unpaid from your bank, your account with us will be charged with a \$35 returned check fee. We only accept personal checks that have a check number over 300 for in office cosmetic procedures.

TURN OVER

Unfortunately, timely payments from insurance companies can be a major problem for medical practices. Therefore, our office follows the billing procedures listed below:

Insurance

- We file an insurance claim within ten business days of your date of service.
- If we do not receive a response from your insurance carrier within 30 days, we will submit a second claim.
- If we do not receive a response from your insurance carrier within 45 days, you will receive a statement and will need to contact your insurance carrier regarding payment. **After 60 days the balance due for medical services rendered will be your financial responsibility. You may pay us directly and receive reimbursement from your insurance company directly.**

Minor Patients (Under 18 Years of Age)

The parent/guardian/adult accompanying a minor child is responsible for payment. The practice requires pre-approval from a parent/guardian for an unaccompanied minor. Any child 18 or over is legally an adult and responsible for his/her bill. We therefore cannot release financial or medical information to a parent/guardian of a patient over the age of 18 without the patient's written permission. If both parents have insurance, the parent with the first birthday in the year is usually the primary insurer. Please check your insurance policy to determine which company is primary before the appointment.

Collection Balances

If you had a previous collection balance or are presently in collection, the physician may use his or her discretion as to providing you with further treatment. You may be required to pay your previous balance in full prior to being seen. You will be responsible for payment of the office visits, co-pay, deductible, etc., on the day of the visit.

Cancellation Policy

Please assist us with serving you better by keeping your scheduled appointment. If you are unable to do so, please notify us at least 48 hours in advance. Notification of less than 48 hours for cancellation, and/or repeated missed appointments with no notification of cancellation may result in discharge from the practice, or you be held financially responsible for a missed appointment charge of \$125.

I understand and agree to this policy.

Signature of Patient or Responsible Party

Date