



# RALEIGH PLASTIC SURGERY CENTER, INC. FINANCIAL POLICY

Chart # \_\_\_\_\_

Please review the following Financial Policy, sign, date, and give to the receptionist for placement in your chart. We hope the following will answer any questions you may have about our insurance and billing procedures and policies in relation to your appointment.

1. We accept VISA, Master Card, Discover, American Express, cash, money orders, and checks.
2. We MUST have a copy of your current insurance card in order to file for you or your family member. If you do not have your insurance card, we will ask for payment in full at the time of visit.
3. If your insurance requires a referral or pre-authorization, we must have this in our office **prior** to your appointment. If we do not have this, we will ask you to reschedule your appointment to such time when the authorization or referral is in our office.
4. We will file any insurance with which we participate; however, we will ask you to pay for any non-covered, co-pay, co-insurance, or deductible amounts at the time of your visit/procedure.
5. Your Insurance Policy is a contract between you and your insurance company. We cannot guarantee to you that your insurance will pay all or any part, of your claim.
6. Raleigh Plastic Surgery Center is a State and Federally licensed Ambulatory Surgical Facility. Since we fall into this category, your **out-patient** surgical benefits will apply. Our procedures are **not** considered an **in-office procedure**, rather an outpatient surgical procedure. This is due to the fact that all of our procedures **must be performed in either our Surgery Center or local hospital facility**, we are not allowed to perform these surgeries in our clinical office area. Please be aware that since we are a licensed Ambulatory Surgical Facility **your deductible and coinsurance benefits apply**. Given that we contract with your insurance company, we **are required** to collect all deductibles and coinsurance due associated with the procedure you are having performed. **Your "Specialist" visit co-pay does not apply for your surgery, only for your initial doctor visit**. If you have any questions regarding your outstanding deductible and/or surgical co-pays, please consult your insurance company prior to scheduling surgery.
7. Please remember that any charges you were provided when you scheduled surgery were ESTIMATES only. Due to the complexity of some treatment, we have no way of stating exactly what the charges will be prior to a surgical procedure.
8. **We do not file with your insurance any charges relative to Pathology services**. All tissue studies and lab tests are sent to either Wake Medical or Greensboro Pathology for processing. If your insurance plan has an exclusive contract with another laboratory provider, you may be subject to out-of-network benefits, or non-coverage of the service. Please verify your coverage with your insurance benefits department.
9. Payment of services rendered to any dependent children rests with the parent who seeks treatment.
10. A \$35.00 service charge will be applied to your account for all returned checks or any stopped payment on an issued check.
11. It is not our policy to issue refunds unless your account has a credit balance and all claims have been paid. Refunds will not be issued for amounts less than \$10.00.
12. MISSED APPOINTMENTS / CANCELLATIONS – Our policy is to charge for missed appointments or appointments cancelled with less than 24 hours notice at a rate of \$35.00. A \$100 fee will be charged for any surgery missed or cancelled with less than 24 hours notice.

## Authorization

I agree to be responsible for any medical expenses incurred with Raleigh Plastic Surgery Center, Inc., therefore, I authorize my insurance company, attorney, or other parties to pay directly to Raleigh Plastic Surgery Center, Inc. and/or provide any information regarding payment of my bill. I have read, understood, and agreed to the financial policy stated above and I accept responsibility for any balance not covered by my insurance company.

Signature \_\_\_\_\_

Date \_\_\_\_\_