



RALEIGH PLASTIC SURGERY  
*center*

INSURANCE FINANCIAL POLICY

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 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 that your insurance company will pay benefits on 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 our procedures **are 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**. 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 be advised that any surgical fee estimates that you are provided prior to your surgery are ESTIMATES only. Your surgical fee may be altered if your physician determines any changes in the treatment plan at the time of procedure.
8. **We do not file your insurance or are responsible for any charges relative to Pathology services.** All tissue studies and lab tests are sent to either Wake Medical or Aurora Diagnostics 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 carrier.
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 until your account has a credit balance and all claims have been paid by your insurance carrier. Refunds will not be issued for amounts less than \$10.00.
12. MISSED APPOINTMENTS / CANCELLATIONS – There will be a \$100.00 charge for any missed surgery that is canceled with less than 24 hour 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.

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Signature

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Date