

## Hickory Plastic & Reconstructive Surgery Center Financial Policy

Please read carefully and ask if you have questions. A copy of this form will be provided upon request.

We strongly believe that an informed patient is a good patient and that your clear understanding of our financial policy is important to our professional relationship. Therefore, we strive to inform you of all the medical aspects of your needs as well as advise you on our payment policies. Please be advised, there are some clinical and surgical procedures that your insurance will not cover. Therefore it is imperative that you understand our financial policies. Please contact our billing department at 828-322-8380 if you have questions or concerns.

**Payment Types:** Hickory Plastic & Reconstructive Surgery Center accepts VISA, Master Card, cash, money orders, and checks. For amounts over \$1,000, we accept Care Credit Patient Financing. Gift cards are also available for purchase.

**Returned Checks:** A \$35.00 service charge will be applied to your account for all returned checks. In the event of non-payment, the patient is responsible for collection fees including attorney fees and contingent fees to collection agencies.

**Refunds:** Upon payment of all claims, it is our policy to refund all credit balances over the amount of \$5.00. Balances of less than \$5.00 will be refunded at patient request.

**Collection Charges:** All balances over 30 days are subject to a finance charge of 1.5%. If your account becomes delinquent and you have not established or met payment options with our billing office, your account will be turned over to a collection agency and we will ask you to seek your medical care from another medical office.

**Medical/Surgical Fees:** If your insurance requires a referral, 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 referral is in our office. Please bring your insurance card with you each visit. If you do not have your insurance card, we will ask for payment in full at the time of visit. It is the responsibility of the patient to understand the provisions, limits, and requirements of their individual benefit plan(s) and advise us accordingly. Please be aware that, except as contractually agreed otherwise, patients are ultimately responsible for insuring payment for all services provided. It is our policy to collect applicable insurance deductibles and co-insurances prior to any service. This payment is based on information we receive from your insurance company and our estimated charges. If payment is not made, you may be rescheduled.

Our physicians require an initial consultation. If an in-office or surgical procedure is required, you will be scheduled to return for the procedure. In many cases, the medical necessity of a procedure is not clear cut. If your procedure may be considered cosmetic, we may submit information necessary to obtain prior approval. Please note that prior approval must be obtained prior to the surgery. If prior approval is not obtained, the procedure is considered cosmetic. We will not file insurance, nor accept payment made by insurance on an unapproved surgery and will not refund any fees paid by the patient.

**Global Surgical Period (number of days that you will not be billed for services):** Your fee for surgery includes a number of days following the surgery in which you will not be billed. Minor procedures have a 10 day global period and major surgical procedures have a 90 day global period. In many cases, the physician will want to see the patient after the global period has ended. After the global period, your insurance will be billed for any services you incur and you will be responsible for your co-pay and/or deductible and co-insurance.

**Hospital/Anesthesia/Pathology:** We may coordinate your care with hospitals, anesthesia providers. Please be aware that we have no role in or control over billing issues related to these fees. If you have questions about these providers or bills received for your services, please contact the provider in question and/or your insurance carrier. We regret that our billing staff cannot be of assistance to you in mitigating outside charge issues.

**Third Party Liability:** Hickory Plastic & Reconstructive Surgery Center will not be involved with any third-party liability cases. We do not file with automobile or home owners insurance liability policies. Services are to be paid in full by you and you can seek reimbursement from the liability insurance company.

**Worker's Compensation:** We may accept Worker's Compensation only in the event that the initial appointment and payment commitment is confirmed with the insurance carrier.

**Patients without insurance:** Patients who do not have health insurance coverage will be given a fee prior to any procedure.

**Cosmetic Surgery Fees:** Cosmetic surgical procedures require payment in full prior to surgery. Fees paid toward cosmetic surgery are non-refundable.

**Aesthetic Procedures:** Fees for aesthetic treatments such as injectables, chemical peels and other similar procedures are priced either on a per treatment basis or as a treatment package, and are payable in full at the time of the appointment. Treatments and series of treatments are non-refundable.

**Skin Care and Retail Products:** We accept returns on retail items only in the event of allergic reaction. Unfortunately, due to the nature of the pharmaceutical preparation, we cannot accept returns on items requiring a prescription.

**Other fees not covered by insurance:** Disability forms: We will be happy to provide you with a form that will state your condition and dates that you will be unable to work. However, due to the complexity of disability and FMLA forms, there will be a \$15.00 charge for processing any other form.

**Copies of Medical Records:** As a patient, you have the right to a copy of your medical record. There will be a pre-pay fee of .50 cents per page required for these records.

**Billing questions:** We will be happy to answer your questions or concerns regarding our billing policies. Failure to pay your balance due may precipitate us to refer delinquent balances to an outstanding third party collection agency.

A copy of this document will be provided at the patient's request.