New Leaf Plastic and Reconstructive Surgery

FINANCIAL POLICY

Patient: _____SSN: _____Date: _____

Thank you for choosing New Leaf Plastic and Reconstructive Surgery as your healthcare provider. This office is committed to your health and successful treatment. Please understand that payment for your services is considered part of your treatment. We ask that you please read the following **FINANCIAL POLICY** and sign this form prior to any treatment. In an effort to respect your time and ours, we are trying not to overbook appointments unless it is an urgent issue. In order for us to be able to do this, we will have to start collecting payments prior to visits which will be kept as payment for **ALL** no shows/reschedules/cancellations without a **48-business hour prior notice for in office procedures/visits, and 2 weeks for a surgical procedure (see surgery cancellation information for details)**.

Insurance Patients:

ALL COPAYS AND DEDUCTIBLES FOR OFFICE VISITS ARE DUE AT THE TIME OF SCHEDULING YOUR VISIT UNLESS PAYMENT ARRANGEMENTS ARE MADE. IF OTHER ARRANGEMENTS NEED TO BE MADE, PLEASE SPEAK WITH THE RECEPTIONIST PRIOR TO YOUR VISIT. KNOW THAT THIS IS ONLY AN ESTIMATE OF THE AMOUNT, AND YOU WILL BE BILLED FOR ANY ADDITIONAL FEES THAT MAY RESULT FROM ANY UNANTICIPATED FEES FOR SERVICES. IF YOU NO SHOW FOR YOUR VISIT WITHOUT 48 BUSINESS HOUR NOTICE, YOU WILL BE CHARGED THE COPAY/DEDUCTIBLE PRICE THAT WOULD HAVE APPLIED TO YOUR VISIT. IF YOU DON'T HAVE ONE, YOU WILL BE CHARGED $160. IF YOU WANT TO DISCUSS COSMETIC CONCERNS THAT ARE NOT COVERED BY INSURANCE AT THE TIME OF YOUR VISIT, KNOW THAT YOU WILL BE CHARGED A COSMETIC CONSULT FEE ($160), AND WILL NEED ADDITIONAL TIME FOR YOUR VISIT WHEN SCHEDULING. IF YOU DON'T SCHEDULE THE EXTRA TIME. WE WILL TRY TO ACCOMIDATE YOU, OR YOU MAY HAVE TO COME BACK FOR A SEPARATE VISIT. THEREFORE, IT IS ALWAYS BEST TO SCHEDULE ADDITIONAL TIME. ALL DEDUCTIBLES/OUT OF POCKET COSTS FOR ANY SURGICAL PROCEDURE WILL BE DUE 2 WEEKS PRIOR TO YOUR PREOP VISIT. IF YOU CANCEL, RESCHEDULE, OR NO SHOW FOR AN INSURANCE SURGICAL PROCEDURE WITHIN 2 WEEKS OF YOUR SURGICAL DATE, YOU WILL NOT BE REFUNDED THIS AMOUNT AS THIS LEAVES SPOTS ON DR. LOVELACE'S SCHEDULE THAT CAN'T BE FILLED LAST MINUTE. IF YOU DO NOT HAVE A DEDUCTABLE/HAVE MET YOUR DEDUCTABLE/HAVE NOT PAID YOUR DEDUCTABLE YET, YOU WILL BE CHARGED WHATEVER THE DEDUCTABLE WOULD HAVE BEEN HAD YOU HAD ONE. IF THERE IS NOT A COPAY/DEDUCTIBLE THAT WAS COLLECTED FOR AN IN-OFFICE PROCEDURE, YOU WILL BE BILLED $160 FOR YOUR NO SHOW/CANCELLATION OF OFFICE PROCEDURES NOT RESCHEDULED 2 WEEKS PRIOR TO YOUR PROCEDURE.

Cosmetic Patients:

ALL COSMETIC CONSULT FEES ($160) ARE DUE AT THE TIME OF SCHEDULING. THIS WILL BE APPLIED TO YOUR SURGERY COST IF YOU HAVE SURGERY WITH US WITHIN 6 MONTHS OF YOUR QUOTE. FEES FOR INJECTABLES/PEELS/LASERS/ETC. ARE DUE AT THE TIME OF SERVICES. FEES FOR IN OFFICE SURGICAL PROCEDURES ARE DUE 2 WEEKS IN ADVANCE OF THE PROCEDURE, AND THIS AMOUNT IS NON-REFUNDABLE IF YOU CANCEL/RESCHEDULE/NO SHOW WITHIN 2 WEEKS. THERE IS ALSO A $500 SCHEDULING FEE DUE FOR SURGICAL SERVICES WHICH IS NONREFUNDABLE WITH CANCELLATION AT ANY TIME. 20% WILL ALSO BE DUE 2 WEEKS PRIOR TO A SURGICAL PROCEDURE AT THE HOSPITAL/SURGERY CENTER WHICH IS ALSO NONREFUNDABLE WITH CANCELLATION.

Signature Patient/Legal Guardian: _____

Financial Policy Continued

INSURANCE

We do accept assignment on your insurance benefits. We must have your insurance information to do any insurance billing. If your insurance company does not pay, we reserve the right to transfer balances to your responsibility.

Please be aware that some of the services provided may not be considered reasonable and necessary under your health plan.

If you pay for a procedure as cash pay not billed to your insurance initially, you will not be able to try to recover this from your insurance company later. Cash prices are less than what is billed to insurance with significant discounts. You will not be provided with information to attempt to do this.

If your insurance requires a referral, we request that you bring it with you at the time of your visit.

I hereby assign all medical and/or surgical benefits, to include major medical benefits to which I am entitled, including Medicare, private insurance, and other health plans.

This assignment will remain in effect until revoked by me in writing. A copy of the Assignment is to be considered as valid as an original.

I understand that I am financially responsible for all charges. I hereby authorize New Leaf Plastic and Reconstructive Surgery to release all information necessary to secure payment.

New Leaf Plastic Surgery will provide me with good faith estimates of Dr. Lovelace's fees ONLY. I understand that these are only estimates, and additional fees for services may be needed depending on what is done. If a cosmetic quote ensures facility and anesthesia fees, we cannot guarantee these prices will not change unless you book the day of the quote. Our quotes for our portion will be good for 6 months.

MEDICARE GUIDELINES

I authorized any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers any information needed for this or related Medicare claims. I permit a copy of this request for payment of medical insurance benefits either to myself or the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

USUAL AND CUSTOMARY RATES

New Leaf Plastic and Reconstructive Surgery is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. You will be responsible to pay for any deductible/coinsurance/out of pocket expenses.

Signature Patient/Legal Guardian: _____

Financial Policy Continued

ADULT AND MINOR PATIENTS

Adult patients are responsible for payment at time of service. Minor patients must be accompanied by a parent or legal guardian who is responsible for the minor. Payment for services provided to minors is subject to the same requirements above.

MISSED APPOINTMENTS

Unless canceled, at least 48 business hours in advance you will be charged as above.

FORMS COMPLETION

There will be a $25.00 charge for items for which the physician and/or staff are required to complete including by not limited to the following items:

a. Letter of Medical Necessity
b. Family Medical Leave Forms
c. Disability Forms
d. Time off forms
e. Prior authorization of medications through an insurance company

***** This fee applies to each form that is filled out for the patient, so if multiple forms are required, you will be charged multiple times.
***** If we need to send medical records to your disability company, there will be a charge of $25 for the first 20 pages and $0.50 per page after the first 20 pages for each request.
***** We will not be responsible for your disability/unemployment benefits or pay for time taken off work. We are not responsible for your disability insurance requirements. They may not approve payment to you outside of what is "usual and customary" time off for a given procedure.*******

CREDIT CARDS

You will be charged a **3% Service Fee in addition** to your regular fees for the use of Care Credit/Alphaeon Credit/Credit Cards for card present.

You will be charged **4% Service Fee in addition** to your regular fees for the use of Care Credit/Alphaeon Credit/Credit Cards for card not present.

Thank you for understanding our FINANCIAL POLICY. Please let us know if you have any questions or concerns.

I have read the FINANICAL POLICY. I understand and agree with this policy.

Signature Patient/Legal Guardian: _____