

The Georgia Institute For Plastic Surgery and The Plastic Surgery Center Land, LLC

Office Financial Policy

We would like to share the following policies with you so that you understand your responsibility regarding the charges for services rendered to you by these offices. Our doctors and staff are committed to providing our patients with the best possible care. In order to achieve this, we need your assistance and understanding of our medical policy.

Self Pay Accounts

Self-pay patients are required to pay \$150 at the time of check in and with EACH visit that follows. You are responsible for payment of the balance of your bill should the charges exceed the \$150 you pay at each visit. We designate accounts as self-pay under the following circumstances:

- Patient is covered by an insurance with which our physicians do not participate.
- Patient does not have a valid insurance referral on file, such as HMO or Tricare Prime.
- Patient does not have any health insurance coverage.

Cosmetic Accounts

Cosmetic patients are required to pay a \$60 consultation fee at the time of check-in. Although you visiting us for something not related to insurance we still require the same information be provided as insurable patients. We have found it necessary to require this information in the event that you need to be seen in our practice at any point for something non-cosmetic. All cosmetic surgical fees are due in full 2 weeks prior to the planned surgical date. Checks are not accepted after this cut off date. All anesthesia and overnight nursing fees are non refundable if you cancel or reschedule within 2 business days of your scheduled surgery.

Payment Due at the Time of Service

- We accept cash, checks, debit and all credit cards. Returned checks are subject to a fee of \$35.
- Copayments must be paid on the date service is received. A \$10.00 billing fee may be charged to your account if the co-pay is not paid on the applicable date of service.
- You will be responsible at the time of service for the annual deductibles, co-payments, co-insurance, and charges for non-covered or cosmetic services.
- If your co-pay is a percentage and you do not have secondary insurance, a minimum payment of \$35 may be required at the time of the appointment.
- Patient balances are due at the time of check-in, unless payment agreements have been arranged.
- In the event surgery is needed pre-payment is required before the surgery can be performed. You understand that you may be given a quote of cost prior to procedures. You further understand that this quote is just an estimate of charges and not a contract. You understand that during the course of any procedure surgical plans may change and that you will be responsible for any additional charges beyond the quoted charges that are assigned to you by your insurance company based on the contract that is in effect at the time of services rendered.
- Any account not paid in full within 90 days will be referred to our collection management company. In the event your account is turned over to a collection agency, a charge equal to 25% of the outstanding balance will be added to your account to cover the additional collection cost and fees. We reserve the right to terminate you as a patient of this practice if your account gets turned over to collections.

Proof of Insurance

- It is the policy of our office to follow all federal and state laws and reporting requirements regarding identify theft. As of September 1, 2009, The FTC applied its new "Red Flags Rule" regulations to physician practices. According to FTC Rule, physician practices that accept insurance must have adequate written polices and procedures in place to protect against identity theft. **As a patient, you will be asked to provide a valid photo identification card, insurance card, and a photograph may be taken for our records. You must bring your insurance card and photo identification to every appointment. We will request to see these at EVERY visit. If you do not have a VALID PHOTO ID you will not be seen and will be rescheduled.**
- It is your responsibility to inform the scheduling and registration staff when your appointment may be the responsibility of a third party (auto, liability, or worker's compensation insurance) instead of the patient's health insurance.
- It is your responsibility to notify the practice of changes to your health insurance, address, phone and employment.

Divorce & Custody

- In cases of divorce, the individual who receives care is responsible for payment of co-pays, co-insurance, deductible and non-participating insurance balances at the time of service. We will not bill a divorced spouse for the patient's services.
- The parent who brings the child to the office for care is assumed responsible for payment at the time of service no matter if the account is self-pay, participating or non-participating insurance. The practice does not honor divorce specifics.

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Referrals

- If your insurance requires a referral to a specialist, you are required to obtain the referral from you primary care physician PRIOR to your appointment. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service. If you are unsure if you need a referral, call the member services number on the back of your insurance card.
- IT IS YOUR RESPONSIBILITY TO VERIFY NETWORK PARTICIPATION OF YOUR PHYSICIAN WITH YOUR INSURANCE CARRIER. As a courtesy we will bill your insurance carrier. However, if we are not a participating/contracted provider with your carrier, you will be billed for services rendered.

Billing Practices

- We are a Medicare participating provider. We will bill Medicare. You will be responsible at the time of service for the annual deductibles, co-payments, and charges for non-covered or cosmetic services.
- If you have Medicare as well as secondary coverage with a commercial plan, we will bill the carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance.
- If you have a commercial insurance plan under which you are covered, we will bill the carrier for all covered, medically necessary services rendered. We will bill both your primary and secondary insurance plans. It is your responsibility to make sure that we are an "in-network" provider.
- Completion of disability or cancer policy forms will have a fee of \$25 for each occurrence.
- Copying of medical records for personal use will incur an additional fee as allowed by law.

Cancellation Policy

As a courtesy to our physicians and patients we request a 24 hour (1 business day) cancellation notice for most office visits. Any procedure and/or surgery require 48 hours (2 business days) or more cancellation notice. Please note that weekends and holidays are not considered business days. All anesthesia and overnight nursing fees are non refundable if you cancel or reschedule within 2 business days of your scheduled surgery. If you miss your appointment, or do not cancel with the required notice, additional fees may apply. You may be required to prepay before being rescheduled.

- Office Visit First Occurrence: \$25
- Office Visit Second Occurrence: \$50
- New Patient Visit: \$75
- Procedure/Surgery: Per Dept. Policy

Auto Accidents/Other Accidents

When your injuries are the result of an accident and an attorney will be handling your case in court or another party's insurance company is presumed responsible for your charges, the patient is still responsible for payment of the bill. The Georgia Institute For Plastic Surgery and The Plastic Surgery Center Land, LLC cannot be expected to wait for the conclusion of long-term court cases or settlement of a disputed insurance claim before being paid. **You will be required to make a payment of \$350 before being seen and with EACH visit that follows. You also are responsible for payment of the balance of your bill should charges exceed the \$350 you pay at each visit.**

Worker's Compensation

Patients who are injured on the job should report the injury directly to their employer. The employer will be responsible for directing the employee to a doctor who is listed on the PANEL OF PHYSICIANS. Before we will be able to see you as a patient, we will require you to fax or bring in a letter verifying that your employer will be responsible for your charges. If a patient comes in for a visit with out this information, we will have to reschedule the appointment or you will have to pay \$350 to be seen. This information is necessary to avoid the patient being responsible for the bill.