

PLASTIC SURGEONS OF LEXINGTON, PSC FINANCIAL POLICY

Welcome to Plastic Surgeons of Lexington. We're glad you've chosen us to provide you with your health care. Built on a tradition of service and excellence, our mission is to deliver the safest, highest quality, and most technologically advanced techniques with empathetic and compassionate care.

Insurance: We accept assignment and participate in most insurance plans. If you are unsure if we are in your insurance network, please check with your insurance company. Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.

Patient payment: All copayments are to be paid at the time of service. Any charges that go toward your deductible will be payable by you.

SIGN NAME: _____

PRINT NAME: _____

CONSENT TO THE USE AND DISCLOSURE OF HEALTH INFORMATION FOR TREATMENT, PAYMENT, OR HEALTHCARE OPERATIONS.

I, _____, understand that as part of my healthcare, Plastic Surgeons of Lexington, PLLC originates and maintains health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. An electronic copy of your medical records is available upon request.

I have read the Notice of Information Practices and authorize Plastic Surgeons of Lexington to disclose my protected information to the following person(s):

NAME

RELATIONSHIP

I further understand that I retain the right to revoke this authorization in writing. I fully understand and accept the terms of this authorization.

PATIENT OR GUARDIAN SIGN

DATE