

PLASTIC SURGEONS OF LEXINGTON, PLLC FINANCIAL POLICY

Welcome to Plastic Surgeons of Lexington. We're glad you've chosen us to provide you with your health care. We are a professional service organization that is dedicated to the practice of medicine, specializing in plastic surgery. The mission of the practice is to provide medical care of the highest quality at a fair and reasonable cost to those in the area. We charge what are usual and customary fees for our area.

Your insurance policy is a contract between you and your insurance company. Please understand our office cannot accept responsibility for collecting your insurance claim or negotiating a settlement on a disputed claim. Whatever the outcome of your insurance claim, you are responsible for payment of your account. Past-due accounts are an extra cost in operating an office. Our costs, and therefore your costs, are substantially increased when bills are not paid promptly.

The following is a statement of our Financial Policy which we require that you read and sign prior to treatment:

**FULL PAYMENT IS DUE AT THE TIME OF SERVICE
WE ACCEPT CASH, PERSONAL CHECKS AND ALL MAJOR CREDIT CARDS
WE OFFER AN EXTENDED PAYMENT PLAN WITH PRIOR CREDIT APPROVAL.**

An exception to the above is the select insurance companies we bill directly or health maintenance organizations and preferred provider organizations we participate in. If we are a participating provider for your HMO or PPO, we will submit your claim directly to your managed care insurer. Co-payments, if any, will be collected at the time of your visit. If we do not participate with your health insurance plan, we will submit your claim to the health plan, but will bill you for any remaining balance due on your account. Please be aware there is a possibility that some and perhaps all of the services provided may be non-covered services and not considered reasonable and necessary under your medical insurance. If you receive a service your insurance does not cover or if you have a deductible you have not met, we will request payment in full from you at the time you receive the service. Some insurance companies require a referral from your primary care physician and/or a pre-certification with the insurance company prior to our doctors treating you. Please check with your insurance company for this requirement.

Late Payment and Interest

Failure to make payments on your account may result in interest being charged on accounts which are 90 days or more past due at a rate of 1½% per month, an annual rate of 18%. I understand that interest charges will be added to any account I have that is 90 days or more past due, and hereby agree to pay such charge if levied.

Extended Payment Plan

Special arrangements may be made for patients having major surgery. We also understand that financial problems arise from time to time. Please let us know if you need to arrange a payment plan that allows you to pay off your balance in monthly installments. Our Patient Accounts Representative can assist you with these arrangements.

Thank you for reading and understanding our Financial Policy. Please let us know if you have any questions or concerns.

I have read, understand and agree to this Financial Policy.

X _____

Date: _____

Please print name