



The Center for
Plastic Surgery
at Copper Ridge

Billing And Financial Policy

Dear Patient:

Thank you for choosing The Center for Plastic Surgery at Copper Ridge for your plastic or reconstructive procedure. The "Billing and Financial Policy" was developed to help you understand how the billing for your services will be handled. If you have any questions, please consult a staff member.

Our Policy

Regarding Insurance Coverage: The services you are requesting may or may not be covered by your insurance, and therefore, we cannot guarantee payment from your insurance company for our charges. In order to determine if services would normally be covered by your insurance, it will be necessary for you to consult with the physician prior to their performing any type of procedure. Once the consultation has taken place, we will inform you as to whether or not we believe your insurance will cover the services you have requested. Also at that time, we will provide you with an estimate of the total cost of the procedure(s) you have requested.

Please Note: The physician's belief that your insurance company should cover a service does not mean that your insurance company will cover the costs in full. The opinion of the physician should in no way be construed as a guarantee that your insurance will pay for the service(s). Please remember that the insurance payment and medical charges may vary depending on any deductible, co-insurance amount, and non-coverage policies, specific to your individual policy; all of which may affect your coverage of service(s). Therefore, we advise you to check with your insurance company regarding coverage of the services to be performed so that you can make an informed decision as to whether or not to schedule your procedure.

Insurance and Payment for Services

Please note that our office only participates with Priority Health, Blue Cross Blue Shield, Blue Care Network, Medicare, Worker's Compensation and Medicaid for children 17 and under. Our office does not participate with any other insurance companies. As a courtesy to you, our office will file a one-time claim for the services we render directly to your insurance company. Any denials in need of review or re-filing (that are not Priority Health, Blue Cross Blue Shield, Blue Care Network, Medicare, Worker's Comp or Medicaid for children 17 and under) will then need to be pursued by you. If your insurance company requests extra documentation after we have sent a clean claim, you may be charged a "documentation fee". After we file your claim to your insurance company (other than Priority Health, Medicare, Blue Cross Blue Shield, Blue Care Network, Worker's Comp and Medicaid for children 17 and under), we will then transfer the balance from insurance to self-pay and you will begin to receive statements. We require monthly payments on your account (10% of balance or \$250, whichever is greater) in order for your account to be kept current. Failure to make monthly payments will result in your account being turned over to a collection agency. You are ultimately responsible for the balance on your account and you agree that your account balance past 60 days may accrue interest at a rate up to the maximum allowable by law. You agree that the doctor may add to your account balance the reasonable and necessary cost of collection, including, but not limited to, expenses, fees and costs.

Cancellation Policy

If you need to cancel an appointment or procedure, we require a 24-hour notice for office visits and 48-hour notice for office procedures. If you call and cancel your appointment with insufficient notice, you will be asked to prepay for your next scheduled appointment. If you cancel hospital surgery after your pre-surgical visit, your pre-payment will be subject to a 10% non-refundable fee.

Policies For Specific Services

1. Initial Consultation: The initial consultation or co-pay, must be paid in full, at the time of service. If, for any reason, your initial consultation is not paid in full at the time of service, we will not schedule future appointments.
2. Cosmetic Surgeries and Procedures: Cosmetic surgeries and procedures are not usually a covered benefit by insurance companies. Therefore, we require that you pre-pay for your procedure or surgery on the day of your pre-surgical visit.
3. Medically Necessary Surgeries and Procedures: Any surgery or procedure, which our physicians deem "medically necessary", will be billed directly to your insurance company. Patients will be charged a \$150.00 facility fee for any surgeries scheduled in our office. (This fee is not covered by insurance). For patients covered by Priority Health, Blue Cross Blue Shield, Blue Care Network, Medicare, Worker's Comp and Medicaid, your insurance will pay our office directly and you will be responsible for the amount indicated by your insurance as "patient responsibility".
4. Post-Operative Services: Standard post-operative visits are considered part of your surgery. You do not incur additional costs unless the post-operative course of care includes complications or a protracted amount of time from the date of surgery. If your post-operative care is considered a billable service, it will be billed directly to your insurance company for you. Included post-operative time is based on the CPT code and ranges from 10 to 90 days.

Appeals

It may be necessary for you to appeal your claim for services if your insurance company either doesn't pay the claim or if their payment is unsatisfactorily low. Our office will be happy to assist you with the process, by supplying you with the operative notes, office visit notes, etc. However, ultimately it is up to you to initiate the appeal with your insurance company and find out what you need to do to begin the process.

Prior Authorization and Referrals

Many insurance companies now require prior-authorization and/or referrals for medical care. If you do not know if this is required by your policy, please contact your insurance company. It is your responsibility to understand the requirements of your insurance policy. Once you understand your policy, it is also your responsibility to give us the necessary paperwork in order for our office to submit it with your claim to your insurance company.

Sincerely,

The Center for Plastic Surgery at Copper Ridge

I have read the Billing and Financial Policy for The Center for Plastic Surgery at Copper Ridge. My signature below attests to the fact that I fully understand the policy and agree.

Patient Name

Patient Signature

Date