

# REJUVE Plastic Surgery Financial Policy

## All Patients

All patients are subject to being charged a no-show fee of \$75 if an appointment is not canceled 24 hours in advance. Any balances on an account must be paid prior to being seen.

Initials \_\_\_\_\_

## Insurance

As a courtesy, Rejuve Plastic Surgery verifies your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Your claim will process per your plan, if your claim processes differently from the benefits we were quoted, the insurance company will side with the plan and will not honor the benefit quote we received. We require all patients to pay their copay, a portion of their deductible and/or coinsurance payment at the beginning of each visit or prior to a surgery being scheduled. Although we are contracted with some insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our practice by another physician does not necessarily guarantee that your insurance will cover our services. Please remember that you are 100 percent responsible for all charges incurred. Your physician's referral and our verification of your insurance benefits are not a guarantee of payment. We highly recommend you also contact your insurance carrier and check into your coverage. Do not assume that you will not owe anything if you have more than one insurance policy.

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## Office Visits

The office staff will attempt to confirm this information to you prior to your visit on your pre- appointment call. If we are unable to verify your benefits, we will collect \$50 and then process a refund or balance bill if your amount owed is different than the \$50 collected to be seen. For those patients with an out of network insurance, we will collect \$100 at the time of service. It is the practice policy that your copay is collected at time of service before being seen.

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## Surgery Fees

It is the practice policy to collect \$500 if the patients' deductible is over \$1000 and not yet met at the time of scheduling surgery. This payment is nonrefundable unless there is a documented medical reason why the surgery cannot take place. In the event a patients' deductible is \$1000 or less, Rejuve will bill the patient the balance owed that is not covered by insurance.

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## Balances

Any balances on your account must be paid prior to being seen for an additional visit. If after your insurance pays and there is a credit on your account, a refund will be processed. Accepting your insurance does not place all financial responsibilities onto Rejuve Plastic Surgery, and you will be held accountable for any unpaid balances by your plan.

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## Self-Pay

Self-pay accounts are patients without valid insurance coverage at the time services are rendered or patients without an insurance card on file with us. If there is a discrepancy with the information provided to us, the patient will be considered self-pay until the correct information is provided. Self-pay patients will be required to make payment at time of service in the amount of \$150. All cosmetic services are self-pay and will not be billed to insurance plans. Follow up visits are \$75 and collected at time of service.

- Office visits: the whole self-pay amount will be collected at the time of service
- Surgery: half of the surgery amount will be collected prior to a surgery being scheduled
  - No additional visits will be scheduled until the remaining balance has been paid

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Client Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_