



## Financial Policies

While our primary concern at Plastic Surgical Arts, is your health and well being, it is also necessary to address financial issues associated with your care. Please note the following policies of Plastic Surgical Arts.

### Payment Policies

- ◆ Most insurance plans require that you pay a deductible, co-insurance and/or co-pays. Co-pays are due at the time of your appointment and co-insurance, deductibles, and other out of pocket *expenses are expected at the time of service*.
- ◆ Payments may be made with cash, check, or by credit/debit card.
- ◆ Returned checks will result in a \$35 processing fee.

### Insurance Policies

- ◆ Your insurance plan is a contract between you and your insurance provider and we comply with those contracts, billing insured the required amounts dictated by the insurance plan as stated on the explanation of benefits that both you and this office receive for the services provided.
- ◆ If your insurance provider fails to make payments within a timely period (60 days), payment in full is expected from the patient or responsible party.
- ◆ Failure to respond to an insurer's request for information may result in a claim denial. Should this occur, the balance becomes the responsibility of the patient.
- ◆ It is your responsibility to review your individual plan as some procedures may not be covered by your insurance plan, in which case, you will be fully responsible for the cost.

### Global Period

- ◆ A "global period" may be assigned to your procedure. The surgical global period includes the actual surgery and uncomplicated follow up care. In most cases minor office procedures have a 10 day global period and 90 days for more complex surgeries. After the global period, any continued care will be billed. Also, you may still incur costs during your global period due to complications, supplies, or other services unrelated to the surgery.

### Other Charges

- ◆ Please be aware that there may be charges from others involved in your care, such as assistant surgeons if applicable, the facility in which your surgery is performed, your anesthesiologist, or pathology/laboratory fees if applicable.

### Additional Questions

- ◆ Should you have any questions or concerns regarding our financial policies, please don't hesitate to call us at 402-483-2572 or visit with our office staff.

## Acknowledgment

*I have been given a copy of Plastic Surgical Arts' Financial Policy. My signature certifies that I have read and understand the financial policy of Plastic Surgical Arts.*

- ◆ I understand that fees are due at the time of service and that I will be required to provide a credit or debit card for automatic payment in addition to signing a separate financial agreement should I be unable to pay in full at the time of service.
- ◆ I understand that I will be responsible for any remaining balance once the claim has been processed by my insurance plan.
- ◆ I understand that it is my responsibility to inform Plastic Surgical Arts of any changes regarding my insurance coverage and that failure to do so may result in my being responsible for the full balance.
- ◆ I have been given a copy of this agreement and agree to its terms.

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Responsible Party's Printed Name

Date of Birth

Today's Date

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Responsible Party's Signature

Relation to Patient