

# **Patient Financial Policy**

Oculofacial & Plastic Surgery Consultants (OPSC) consider it a privilege that you have chosen us for oculofacial plastic surgery care. OPSC provides both reconstructive and cosmetic/aesthetic plastic surgery treatments for the eyes. Our providers implement reconstructive plastic surgery approaches to improve body function due to birth defects, injury, disease, or aging. In addition, our providers also provide cosmetic and aesthetic services to partner with our patients to help them reach their aesthetic goals. We strive to inform you of all the medical aspects involved as well as our financial policy. Please read the following and sign prior to your procedure. We are happy to answer any questions that you may have.

#### **Insurance Related Consultations and Services:**

- Your insurance card is required at the time of check-in.
- If we participate with your insurance applicable consultation fees will be billed to your insurance and you will only be expected to pay deductibles, co-insurances, copays and any non-covered services.
- You will be expected to pay any copays at the time of service.
- Your insurance may have separate copays for the consult visit itself and any other additional services that are provided at your consult visit, i.e. photos & photo interpretation, nasal endoscopy, probe and irrigation of the tear ducts. OPSC will always bill your insurance first and will notify you of any costs they deem is your responsibility.
- As a courtesy, we will file your claims for you with your primary and secondary insurance carriers. Ultimately, you accept responsibility for payment in full to Oculofacial & Plastic Surgery Consultants, not your insurance.
- You will be quoted and expected to pay any amounts your insurance will not pay <u>one week</u> prior to your procedure. This will include our best estimate of only the surgeon's fee. The facility and anesthesia fees will be billed to you separately. Please contact those providers directly with any questions about their fees.
- If your insurance requires a referral, please have your primary care physician fax it to our office prior to your appointment or you may be rescheduled.
- We gladly accept cash, check, Mastercard, Visa, American Express, Discover and Carecredit. All checks should be made out to Oculofacial & Plastic Surgery Consultants.If your check is returned, you will be charged a return check fee and your checks will no longer be accepted for future payments.
- The patient has the responsibility to immediately notify OPSC of any insurance policy changes and failure to do so may result in the accruement of additional out-of-pocket costs.
  - Inaccurate or untimely information given to the staff that results in denial or noncoverage by your insurance company results in the guarantor being responsible for payment.



- It is the patient's responsibility to understand their benefit plan. It is their responsibility to know if a written referral or authorization is required to see specialists, if preauthorization is required prior to a procedure, and what services are covered.
- <u>For reconstructive procedures</u>: All surgeon fees provided by OPSC are our best estimates dependent upon the patient's insurance policy.
  - All out-of-pocket portions of surgeon fees will be adjusted after the insurance payment received post-surgery.
    - In the case that the out-of-pocket cost is lower than expected, the patient may choose to receive a refund payment or elect to use the balance as a credit towards future appointments/treatments.
    - In the case that the out-of-pocket cost is higher than expected, the patient will be held responsible for the remaining balance.

## **Cosmetic/Aesthetic Consultations and Services:**

- All Cosmetic Consultation fees are \$95.00. This fee will be credited towards your procedure.
- A \$300.00 deposit is required in order to secure a date for your surgery. This fee is non-refundable and will be credited towards your procedure.
- We understand that unforeseen events happen. Upon proper notice you may reschedule your surgery one time.
- Payment for the balance of your surgery is due <u>one week</u> prior to your surgery date. If payment is not received the surgery will be cancelled. We accept cash, check, Master Card, Visa, American Express, Discover, and Care Credit.
- If you pay by check you will be required to pay <u>two weeks</u> in advance. If the check is returned, you will be charged a return check fee and your checks will no longer be accepted for future payments.
- You may ask our office staff or visit our website to apply for Care Credit and Alphaeon Credit. Please ask us what Care Credit and Aphaeon Credit terms we offer.

# **Self-Pay Consultations and Services:**

- For self-pay patients, payment in full is expected at the time of the office visit and prior balances must be paid prior to the following visit with the exception of emergency visits.
  - All office visits are \$95.00 and any other procedures or services are at additional costs which will be discussed with you.
  - Payments can be found on the OPSC self-pay fee sheet.

#### **Payment Plans**

• It is the patient's responsibility to make payment arrangements with the practice to ensure that the practice has the correct contact information including phone numbers, mailing addresses, and email addresses

- If there is an outstanding patient balance, the practice will mail all statements and make attempts to contact the patient via phone and email.
- Bills unpaid for after three statements have been sent to the patient may be turned over to a collection agency after 90 days unless other arrangements have been made.
- Patients with outstanding balances and no payment arrangements will not be seen by the practice until payment arrangements are made with a down payment, unless the patient is experiencing an emergency that requires immediate attention.
- Our practice is glad to work with our patients to find a reasonable and appropriate payment plan.

### Forms, Medical Records and Fees

- There may be a fee associated with the completion of documents including forms. All documents will be completed within 7 business days and sent out upon receipt of payment.
  - Family and Medical Leave Act (FMLA) forms and other medical forms have an associated fee of \$25.00 to cover health professional time for completion of the form.
  - Work and School release letters will be provided at no cost to the patient.
  - Patients with multiple medical forms/documents will be charged a discounted rate form the additional forms.
- Hard copies of patient requested medical records have an associated fee of \$15.00 to cover printing costs. This is applicable only to hard copies and digital copies will be shared to patients at no cost via e-mail or fax.
  - Patients should be aware that these records may be found in their Athena Patient Portal.

# **Authorization:**

I have read and fully understand the financial policy set forth by Oculofacial & Plastic Surgery Consultants. I agree to be responsible for my medical expenses regardless of insurance coverage. I authorize my insurance company and any other party to make payments directly to Oculofacial & Plastic Surgery Consultants. I agree to pay any cost incurred if my account should become delinquent. I have read, understand and agree to this financial policy and I accept full responsibility for any balance due. I understand and agree that the terms of this financial policy may be amended by the practice at any time without prior notification to the patient.