THE CENTER
FOR PLASTIC SURGERY
231.929.7700

BILLING AND FINANCIAL POLICY

Thank you for choosing The Center for Plastic Surgery for your plastic or reconstructive needs. 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 that you are requesting may or may not be covered by your insurance; 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 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 requested, based on criteria set by your insurance provider. 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 service(s) at all. Please remember that the insurance payment and medical charges may vary depending on any deductible amount, co-pay amount, co-insurance amount and non-coverage polices 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 BCBS, Priority Health, Medicare, Medicaid for persons under 17, McLaren Health Plan, Cigna, and ASR. For participating insurance companies, our office will file a claim for the services we render directly to your insurance company. If your claim is denied by your insurance company, we will then transfer the balance from insurance to self-pay and you will begin to receive statements. We require that your account be paid in full in order for your account to be kept current. Failure to make payment 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. While we participate with the plans listed, we recommend you check your individual policy and plan for provider restrictions.

Our office does not participate with any other insurance companies other than listed above and thus will require payment directly from you, the patient, to our office for any and all service(s). In certain cases, our office may file a one-time claim for the services rendered directly to your insurance company. Any denials in need of review or re-filing (that are not BCBS, Priority Health, Medicare, Medicaid for persons under 17, McLaren Health Plan, Cigna, and ASR) will then need to be pursued by you individually. 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 and it is denied, we will then transfer the balance from insurance to self-pay and you will begin to receive statements. We require that your account be paid in full in order for your account to be kept current. Failure to make payment 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. In addition, if we are unable to confirm your scheduled appointment with you, we reserve the right to cancel your appointment and reschedule to another date. If you cancel a procedure within 14 days of the procedure, your pre-payment will be subject to a $250.00 non-refundable fee.

For Cosmetic Consultations: If you call and cancel your appointment with insufficient notice or no show your

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BILLING AND FINANCIAL POLICY (continued)

appointment, your pre-paid consultation fee will not be refunded.

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 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. We will require that you pre-pay any co-insurance, co-pay or deductible amounts for the service to be provided on the day of your pre-surgical visit. Patients will be charged a $500.00 facility fee for any surgeries scheduled in our office. This fee is not covered by insurance. For patients covered by BCBS, Priority Health, Medicare, Medicaid for persons under 17, McLaren Health Plan, Cigna, and ASR, 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 IF you have an insurance company we participate with (BCBS, Priority Health, Medicare, Medicaid for persons under 17, McLaren Health Plan, Cigna and ASR). Included post-operative time is based on the CPT code and ranges from 10 days to 90 days. If you have an insurance company that we do not participate with, then you will be responsible for costs of services.

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 and other required information. 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.

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

Patient Name | Patient Signature | Date