

Crystal Plastic Surgeons, Inc.

Explanation of Insurance and Financial Policy

Thank you for choosing us as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy which we require you read and sign prior to any treatment.

Regarding Insurance

We do not render services on the assumption that your charges will be paid by your insurance company and patients who carry any form of medical insurance should know that he/she is responsible for payment of all services rendered. We will prepare the necessary forms to assist in making collections from your insurance company and will credit such collections to your account. All insurance forms processed by this office prior to payment in full are assigned to this practice.

1) We ask that you pay your balance in full if your insurance does/doesn't pay. We understand this can sometimes be difficult, so we will accept 3 equal monthly payments. There will be a \$20 service charge added to your account for each statement that is processed after the 3rd statement.

2) If you have a co-payment and do not pay it at the time of service, we will bill you for that co-payment along with a \$10 charge for the processing of each statement we have to send to you requesting payment.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates.

Minor Patients

The adult accompanying a minor and the parents/guardians are responsible for full payment.

Biopsy

Biopsies are sent to **Hudson Laboratories**. It is your responsibility to inform us if it needs to go elsewhere due to insurance requirements.

I have read the *Financial Policy*. I understand and agree to this *Financial Policy*.

Date: _____ Signature: _____

I have received *The Notice of Privacy Practice*.

Date: _____ Signature: _____