

1. Payment is due at the time of service unless arrangements have been made in advance. We accept Visa, MasterCard, Discover, American Express, CareCredit, personal checks, and cash.
2. We understand there are situations where an appointment may need to be cancelled or rescheduled. Failure to give 24-hour notice will result in the forfeit of any scheduling fees. The courtesy of 24 hours allows us ample time to fill the appointment time slot.
3. Returned checks are subject to charged fees and a returned check fee of \$50.00
4. We do not accept Medicare or Medicaid.
5. Dr. Russell Kridel does not accept insurance. However as a service to you, we will provide you with the needed codes so you are able to submit on your own behalf. This means you will submit the claim to your insurance and any approved payments will come directly to you. Therefore, our charges for your care are due at time of service. Not all insurance plans cover all services. In the event your insurance plan determines a service “not covered,” you will be responsible for payment in full prior to the service.
6. If you receive services by our providers in the office and/or the hospital, you may be billed separately for: hospital, anesthesia, radiology, pathology and laboratory services. These are additional charges that will be your responsibility.
7. If any additional services were provided during the time of surgery you will receive a statement for the remaining balance. This is due in full upon invoice. Our practice does not have payment plans or carry balances. We accept Visa, MasterCard, Discover, American Express, personal checks and cash for these balances. We do offer a special plan called “Care Credit.” This will allow you to make payments over 6, 12 or 18 months interest free. Please see [www.carecredit.com](http://www.carecredit.com).
8. After services have been provided credit balances of \$50 or less will be applied to future services unless you request a direct refund.

The physicians of Facial Plastic Surgery Associates have a financial interest in Memorial Hermann Kirby Glen Surgery Center. They have no financial interest in Houston Methodist Hospital or any other surgical center where they operate. Our suggestion of surgical centers is individualized and based on the patient’s needs; patients are welcome to select another surgical center, provided that the operating surgeon is credentialed at that location and that the surgical center can adequately provide the level of care the patient requires.

If you have questions or would like to discuss any details of our financial policy, please call the office at 713.526.5665 to set up an appointment with one of our account specialists. We appreciate your cooperation and we will do all we can to assist you in your healthcare needs.

I have read and understand the practice’s financial policy and I agree to be bound by its terms. I also agree to be responsible for 40% collection cost (collection agency fees, attorney fees and court costs) incurred in collecting a delinquent account.

PATIENT SIGNATURE	DATE
OTHER LEGALLY RESPONSIBLE PERSON SIGNATURE	DATE
WITNESS	DATE

