

### FINANCIAL PRACTICES DISCLOSURE

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Welcome to Nawada Plastic Surgery. Our practice provides both cosmetic and reconstructive (medical) procedures. This Financial Policy is intended to be informative so you know what to expect throughout your experience with us.

Cosmetic Services:

Procedures that are cosmetic in nature cannot be filed with your insurance carrier. You will receive a detailed surgical proposal explaining your surgery-related fees. Keep in mind that the length of your surgery is based upon your surgeon's best estimate and therefore the actual length of your surgery may vary. Revisionary procedures are occasionally necessary and are not included in your surgical quote. We will make every effort to keep costs reasonable.

Your Cosmetic Surgical Deposit:

A \$1000 non-refundable deposit is required to reserve your surgery date. The deposit will be applied to your total cost of surgery. The remaining balance will be collected at your preoperative appointment.

Reconstructive Services:

We will gladly file your insurance claim on your behalf. We will make every effort to verify your benefits prior to your visit and inform you of any out of pocket expenses. If your plan does not cover the services provided by our physicians or you have a copayment or coinsurance, payment is expected at the time of your visit. For surgical procedures, you will receive a detailed surgical proposal and any amount not covered by your insurance will be collected prior to your surgery date. We accept cash, checks, most major credit cards, Care Credit and Alphaeon Credit. Please be sure to provide us with your most current insurance card(s) at each visit and advise us of any changes. If you are not the primary cardholder please make sure you give us the correct subscriber (employee) ID number at the time of your visit. Most insurance plans require that we provide the patient's full name, date of birth, social security number, and complete home address. If you are uncomfortable providing us with this information, we will provide you with a bill so you can file your own claim with your insurance plan. If you choose to file the claim yourself, payment in full will be due at the time of service.

Copayments/Coinsurance/Deductibles: If your plan requires that you pay a copayment, deductible or coinsurance, you are required to pay at the time services are rendered.

Self-Pay Patients: Patients with no insurance are expected to pay at the time of service for all care rendered.

Reconstruction Patients Only: If you are having a reconstructive procedure with us, your insurance plan may require an authorization for office visits and/or procedures. We will assist in getting pre-certification or prior approval for your procedure. You will be responsible for any copayments, coinsurance and deductible which will be due at your pre-op appointment.

Appointment Cancellation and No-Show Fees:

Please let us know in advance if you cannot keep your appointment so we may offer the appointment to a patient on our waiting list. If you are unable provide 24-hours' notice when cancelling your appointment, a \$50 cancellation fee will be applied.

I authorize Nawada Plastic Surgery to release to any third-party insurance payers any information needed to process claims for health care benefits. I request that payment of authorized health care benefits be paid to Nawada Plastic Surgery and I assign the benefits payable for physician services to Nawada Plastic Surgery. I understand that I am financially responsible for charges that are cosmetic and/or not covered by the insurance company, and I hereby guarantee timely payment in full of any such charges.

By signing below, you are acknowledging that you have read and fully understand our Financial Policy for both cosmetic and reconstruction medical care.

Patient/Legal Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_