

Financial Policy

Thank you for choosing our practice. We are committed to providing you the best care possible. Please understand that all encounters or treatments will incur a financial charge. By signing below you agree to adhere to our financial policies:

- I.** This is a fee for service practice at the time of services. If you have health insurance and we participate in your managed care plan, we will bill primary and secondary insurance plans for all charges for services rendered. You will be responsible for payment of:
- a. Annual deductibles.
 - b. Co-payments or co-insurance responsibilities.
 - c. Charges for non-covered, or cosmetic services.

Please note that any procedure you choose to undergo may not be covered under your office co-pay and is subject to your deductible or co-insurance. Procedures include but are not limited to: biopsies, removal of any skin lesions, laceration repair, keloid injections, scar revisions, etc. We will make every effort to contact your insurance to verify your benefits, but you are still responsible in the event that a charge is not covered by your plan for any reason. You will be billed after we obtain a denial from your insurance.

- II.** We are Medicare providers, therefore we bill Medicare directly. In the event that we suspect Medicare may not cover some charges; you have the option to fill an advanced beneficiary notice (ABN) as delineated by Medicare. We are not Medicaid providers. You will be responsible at the time of service for payment of charges provided as outlined by Medicaid's ABN.
- III.** If you do NOT have health insurance, payment is expected in full at time of service.
- IV.** We accept cash, most types of credit cards, and Care Credit. Personal checks are accepted in established accounts only. A \$35.00 bounced-check fee will be applied to your account for a returned check.
- V.** If you purchase skin-care products, make-up or other medical supplies from our office, please understand that these are non-refundable items. In the event the product is defective or expired, we will gladly credit your Clinique Dallas account.
- VI.** We request that you give us one business day notice for cancellation or re-scheduling of an appointment. If you have a history of more than 2 consecutive no-shows, we will begin charging \$25 cancellation fee per missed appointment.
- VII.** All procedure fees are due prior to completion or immediately at the time of service. A Non-Refundable \$500 Booking fee is required in order to secure a procedure date. Payment in full is required to proceed with surgery and fees are non-refundable once services have been provided. Services that are rendered that are paid with a credit card, data card, or financing third-party are not eligible for payment challenges after services are provided.

If you have any questions about this policy, please do not hesitate to ask. We are here to work with you and make your visit and/or surgery experience the best possible.

Your signature below signifies that you understand your responsibility regarding charges incurred at Clinique Dallas Plastic Surgery and agree with our financial policy.

Patient / Guardian Name: _____ **Signature:** _____ **Date:** ____ / ____ / ____