



PLASTIC & HAND
SURGICAL ASSOCIATES

Plastic, Reconstructive & Cosmetic Surgery
Surgery of the Hand

Payment Policy

We are committed to providing you with quality and affordable healthcare. Because some of our patients have questions regarding patient and insurance responsibility for care provided here at Plastic & Hand Surgical Associates, we have developed this payment policy. Please read it, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

Insurance. We participate in most insurance plans, including Medicare. If you are not insured by a plan we participate with, payment in full is expected at each visit. If you are insured by a plan we participate with but you don't have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Understanding your insurance benefits is your responsibility: please contact your insurance company with any questions you have regarding your coverage.

Worker's Compensation. Please complete the enclosed Worker's Compensation form prior to your visit

Referrals. If your visit requires a referral from a primary care provider, we will alert you via phone prior to your visit. The referral must come from the primary care physician, not from another specialist, even if the specialist is the one referring you to us. It is your responsibility to obtain your referral. It is also your responsibility to keep your referrals current for all future visits. If you arrive for your appointment without a referral, it will be necessary to either reschedule your appointment or pay for the visit at the time care is provided.

Copayment, Co-Insurance and Deductibles. Copayment, co-insurance and deductibles must be paid prior to or at the time of service. Payment in full is required for care provided until the insurance deductible or out-of-pocket maximum has been met. It is your responsibility to understand your insurance coverage.

Non-Covered Services. Please be aware that some – and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary. You may be required to pay for these services in full prior to or at the time of your visit.

Proof of Insurance. All patients must complete our patient registration forms before seeing the doctor. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Coverage Changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

I have read and understand the payment policy and agree to abide by its guidelines:

Signature of patient or responsible party

Date