Payment Policy for Plastic Surgery Institute of Dayton, Inc.

In order to accommodate the needs and requests of our patients, we have enrolled in numerous managed care insurance programs. Providing quality medical care for our patients is our primary concern. We are more than willing to provide that care within your insurance contract guidelines if **you** let us know exactly what those guidelines are at **each** time of service.

We are pleased to be able to provide this service to you, but it is extremely difficult for us to keep track of all the individual requirements of the plans. Each one has different stipulations regarding how often services may be rendered and, even more importantly, where those services may be performed. Even within the same insurance company the plans differ depending upon what type of contract your employer has negotiated. We will do our best to obtain pre-certification for you, but it is **your responsibility** to know your contract. If pre-certification is required, please inform us so we may obtain prior approval for you.

Many managed care plans require a written authorization or referral from your primary care physician for each visit. It is **your responsibility** to obtain this written authorization or referral **before each visit** or to be sure that follow up visits are covered under your primary referral.

Unfortunately, if you do not inform us of any special requirement in your contract or obtain your referral, and we subsequently order services, such as lab work, biopsies, and surgical specimen examinations by laboratory pathologists **that are not covered** under your contract, we or the selected medical facility will have no choice but to bill you directly for those charges. Payment for those charges is then **your responsibility.**

Copayments and deductibles are **your responsibility** and payment is requested at the time of service. We accept cash, personal checks, Mastercard, Visa, Discover and CareCredit. There is a $25.00 penalty for returned checks.

Due to employers now offering high deductible insurance plans to their employees, and no longer providing payment until these deductible are met, we request a prepay of a portion of your deductible for any surgery scheduled by our doctors. If you have more than $500 left to meet your deductible you will be asked to pay 50% of the amount (up to $1000) before your surgery AND to guarantee payment of your final balance (once your insurance company has processed your claim) by providing us with a major credit card number or Care Credit number. If you use Care Credit we will reach out to you to go over the plans we accept before we process your payment.

Patients with no insurance are also required to provide the above methods of payment also.

Any questions or concerns regarding your account or insurance should be directed to our Business Office. We have a highly qualified business office staff who are available to assist you with your account.

With your cooperation and help, you should be able to receive all of the benefits offered to you, and we will be able to concentrate on caring for your medical needs.

* * * * *

I have read and understand the office policy stated above and agree to accept responsibility as described.

_____ _____

Signature Date