Artisan Plastic Surgery, LLC
5445 Meridian Mark Drive, Suite 390
Atlanta, GA 30342

FINANCIAL POLICY

Our doctors and staff are very concerned about the cost of your health care and want to address some current issues related to the cost of medical services in this office.

Considerable care has been taken in setting our fees. We want to assure you that our charges accurately reflect the complexity of the care rendered and the skill and expertise required for your care. Our fees are comparable with fees of other surgeons in the metro area.

PAYMENT POLICY

INDEMNITY policy holders (NON HMO, POS or PPO)

If an insurance company indicates a physician's fees are above the *"usual and customary",* please understand that most physician's fees are above the rate which insurance companies choose to pay. The rate is most often lower than the fees normally charged by any physician. We use many sources to determine the appropriateness of our fees. We cannot and do not allow the payment or allowance of insurance companies to set the amount that we charge for services.

Our policy requires payment at the time of service for office visits and procedures. To assist you in filling your own insurance claim, we will provide you with an itemized statement. You can simply send the itemized statement to you insurance company to expedite your reimbursement.

HMO, POS and PPO members

If you are a member of an HMO, POS or PPO in which we participate, your deductible and/or co pay is required at the time of service. You are also responsible to see that we have a current referral on file, if your insurance company requires one. If we do not have this referral at the time of your visit, your insurance company could hold you responsible for all charges. You may be sent back to your Primary Care Physician (PCP) to obtain a referral prior to being treated. **With this being said, it is your responsibility, as the patient, to understand your insurance plan. Without a referral, you will be considered out-of –network. Any unpaid accounts, due to lack of proper referral, will be turned over to you.**

Our agreement is with YOU and NOT your insurance company. You (or perhaps your employer) have chosen your insurance coverage. Although we will assist you by submitting your claim to your carrier, you are ultimately financial responsible for the service that you receive. Payment to our office is neither contingent nor dependent upon your insurance company.

COSMETIC patients

All cosmetic patients are solely responsible for payment of all services rendered. ***Please note you are required to settle your balance for your surgery at the time of your pre-operative visit***.

In your interest, we are pleased to accept MasterCard and Visa for your charges. Returned checks will receive a $25.00 overdraft charge. A monthly billing fee will be added to all account balances beyond 30 days from the date of service. A collection agency may take over a delinquent account. If any account is placed with a collection agency, the patient will be responsible for all collection. Timely payment will prevent consequences to you credit rating.

If you have any questions about our financial policy or your insurance reimbursement, please feel free to discuss them with our business office staff. Your signature below acknowledges the fact that you have read, understand and accept your financial responsibility under this policy.

Patient signature ____ Date _____________________