QUINN
PLASTIC SURGERY CENTER

Below are listed the billing and/or insurance policies and procedures for Quinn Plastic Surgery Center. If you have questions regarding the following information, please feel free to discuss them with the office staff or manager. **Please read this in its entirety! Your signature is required at the bottom of the page!**

FINANCIAL POLICY

- **It is the policy of this office that all professional services are billed on the actual date of service.** We file insurance claims for those companies with whom we are contracted. If we are not a contracted provider with your insurance company, all charges will be due and payable by you at the time of service.
- **If you intend for us to file your charges with your insurance company, you must provide verification of such coverage, such as insurance identification card, at the time of service. Failure to provide such information will result in all charges being due and payable from you at the time of service.**
- **By contractual obligation with your insurance company, we are REQUESTED to collect your insurance co-pay at the time of your visit.** We ask that you assist us in this requirement by paying your co-pay in full by the time of check out.
- **Payment of the doctor's fee is the personal financial obligation of the patient or person authorizing treatment.** This obligation is not altered because the patient's charges are covered all or in part by health insurance. **It is your responsibility to know what is and is not covered by your insurance.** Payment for all co-pays, deductibles and services not covered by insurance will be expected from you.
- **For those patients whose insurance company requires a REFERRAL from your primary care provider, PLEASE NOTE… it is YOUR responsibility to arrange for or obtain your referral prior to coming to our office.** Failure to obtain a valid referral may result in rescheduling your appointment or all charges being due and payable directly from you.
- **Upon scheduling a surgical procedure, 50% of your unmet deductible and/or co-insurance amount will be required prior to surgery.** The remaining 50% is due within 30 following payment by your insurance company.

I have read the above financial policy and understand my obligations. I understand that all professional services are charged to the patient and, in the event of non-coverage for any reason, I agree to pay all charges for services rendered. **INITIAL:** _____

INSURANCE CLAIMS

In order to submit a claim for payment to us for services covered under your policy, we must have your authorization to release medical information to your insurance company.

MEDICARE– LIFETIME CONSENT FORM

I request that payment be authorized/Medicare benefits be made either to me or on my behalf to Quinn Plastic Surgery Center, PC for any services furnished me by that physician. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits or the benefits payable for related services. A copy of this signature is as valid as the original.

COMMERCIAL INSURANCE

I hereby authorize release information necessary to file a claim with my insurance company and assign benefits otherwise payable to me to Quinn Plastic Surgery Center, PC. I understand that I am personally financially responsible for any balance not covered by my insurance carrier. A copy of this signature is as valid as the original.

PATIENT NAME:_____ DATE:_____

PATIENT SIGNATURE:_____ DATE:_____

GUARANTOR SIGNATURE:_____ DATE:_____

Relationship to patient:_____