

FINANCIAL POLICY

THIS INFORMATION HAD BEEN PREPARED FOR YOUR BENEFIT. IT CONTAINS OUR POLICIES REGARDING INSURANCE, BILLING, AND PAYMENT OF OUR SERVICES.

- A HEALTH INSURANCE POLICY IS A CONTRACT BETWEEN THE BENEFICIARY (YOU) AND THE INSURANCE COMPANY. The Practice of Williamsburg Plastic Surgery is not a party to that contract. Our business office will file a claim (s) to your insurance company as a courtesy only.
- All charges incurred are the responsibility of the patient, whether the insurance company pays or not. Not all services are a cover benefit in all contracts. If you have such a plan, it is your responsibility to inform the personnel at the front desk so that any authorization may be obtained prior to your visit. Failure to inform the office personnel about specific requirements of your plan will result in your being billed for charges incurred.
- All co-pays must be paid the day of your appointment.
- If your policy has a yearly deductible which must be met prior to claims being paid, we will bill any amount applied to your yearly deductible to you as a courtesy. This is your responsibility to pay.
- Self-pay and non-covered benefits are payable at the time of your appointment. Cash, check, and credit cards are our acceptable methods of payment. Our practice credit terms are 30 days. Any balances remaining unpaid for more than 30 days will be referred for collection action where you may be responsible for additional collection fees.
- If you provide our office with a check which is returned for non-sufficient funds, you will be charged a \$35.00 processing fee in addition to the amount of your check. We will contact you and request payment in full in cash, money order, or certified bank check with ten days. We **will** take further action if you fail to respond within the specified time.
- Our biller will follow up on any unpaid insurance claims. However, your policy is an agreement between you and your insurance company. It is your responsibility to assure that services provided to you are paid.
- Adults and teenage children who present themselves for treatment, but whose parents are assuming financial responsibility, must arrive with proper insurance information and must be prepared to pay their co-payment and for any non-covered services.
- A \$50.00 service charge will be incurred by you for failure to keep your appointment. This service charge will not be covered by your insurance plan. It will be your personal responsibility.

Patient's Signature

Date

Patient's Name Printed

WPS Employee/ Witness Signature

Date